

STANDARD FORM 64  
October 1960  
PREPARED BY U. S. CIVIL SERVICE COM.  
Federal Personnel Manual  
66-102

**SECRET**

# Official Personnel Folder

**SECRET**

(M)

69 Fil Cuts

29 SEP 1969

40005 JAMES S  
502-16-6500

02/20/78



SECRET

(When Filled In)

08 AUG 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 01C032				2. NAME (Last-First-Middle) WOODS JAMES S	
3. NATURE OF PERSONNEL ACTION RETIREMENT - (VOLUNTARY) CIARDS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 04 78	
5. FUNDS V TO V O TO V				6. CATEGORY OF EMPLOYMENT REGULAR	
7. FAN AND NSCA 8026-3430 0000				8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-613 Section 33	
9. ORGANIZATIONAL DESIGNATIONS DBO/IMS AND INFORMATION MGMT & PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT				10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE RECORDS ADMIN OFF NR (13)				12. CAREER SERVICE DESIGNATION DCC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 13 2				17. SALARY OR RATE \$26,889	
18. REMARKS Last Working Day: 4 August 1978 CONCUR: <i>Henry E. Walton</i> Date <i>7/26/78</i> co-ordinated with: <i>James H. ROB</i> <i>7/31/78</i> <i>Georg R. ROB</i> <i>7/31/78</i>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Henry E. Walton</i>		DATE SIGNED 7/26/78		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James H. ROB</i>	
18C. DATE SIGNED 7/26/78					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL CNIS					
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. ROOTS CODE 1
25. DATE OF BIRTH MO DA YR 03 20 1928	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR	28. DATE OF LEI MO DA YR		
29. RETIREMENT DATA 1-SC 2-OPEN 3-FICA 4-NONE	30. SPECIAL REFERENCE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. SECURITY REQ. NO.	
35. VET PREFERENCE CODE 0-NO PREFERENCE 1-5 YR 2-10 YR	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR/RES PROV/TEMP	39. LEGAL/HEALTH INSURANCE CODE 0-WAIVER 1-REG 2-REG/OPT 3-UNELIGIBLE	40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE PAY TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE		
45. POSITION CONTROL CERTIFICATION 03 AUG 1978			46. OFF. APPROVAL <i>William H. Wright</i>		DATE APPROVED 8/1/78

FORM 1152 USE PREVIOUS EDITION  
8-72

SECRET

E-2, IMPDET CL. BY. 007622 (4)

25 July 1978

**SUMMARY OF AGENCY EMPLOYMENT**

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.

*James Woods*  
James S. Woods

NO SECURITY CHECKS  
*[Signature]*

10 MAY 25 1978

SECRET  
(When Filled In)

16 MAY 1978

<p>OCF REQUEST FOR PERSONNEL ACTION</p>				<p>DATE PREPARED 9 May 1978</p>	
<p>1. SERIAL NUMBER 010032</p>		<p>2. NAME (Last-First-Middle) WOODS JAMES S</p>			
<p>3. NATURE OF PERSONNEL ACTION REASSIGNMENT</p>			<p>4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 09 78</p>		<p>5. CATEGORY OF EMPLOYMENT REGULAR</p>
<p>6. FUNDS V TO V C TO V</p>			<p>7. PAN AND NSCA 8026-3430-0000</p>		<p>8. LEGAL AUTHORITY (Completed by Office of Personnel)</p>
<p>9. ORGANIZATIONAL DESIGNATIONS DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT</p>			<p>10. LOCATION OF OFFICIAL STATION NASH., D.C.</p>		
<p>11. POSITION TITLE RECORDS ADMIN OFF (13)</p>			<p>12. POSITION NUMBER CG45</p>		<p>13. CAREER SERVICE DESIGNATION DCC</p>
<p>14. CLASSIFICATION SCHEDULE (A-E, GS-15) GS</p>		<p>15. OCCUPATIONAL SERIES 0344.01</p>		<p>17. SALARY OR RATE 15 2 \$26,889</p>	
<p>16. REMARKS FROM: DDO/NE  CONCUR: John Diffley (telecord) C/NE/Pers DATE  Henry E. Walton 05/12/78</p>					
<p>18A. SIGNATURE OF REQUESTING OFFICIAL Henry E. Walton</p>		<p>DATE SIGNED 5/10/78</p>		<p>18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER John L. Lee 5/11/78</p>	
<p>C/PCS/CSS/Pers SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CMS/07-12</p>					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 53746 IMS	22. STATION CODE 75013	23. INTEGRE CODE	24. MONTHS CODE 02
25. DATE OF BIRTH MO. DA. YR. 02 20 28		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. DATE EXPIRES MO. DA. YR.		29. SOCIAL REFERENCE		30. RETIREMENT DATA CODE	
31. VET PREFERENCE CODE		32. SERV COMP DATE MO. DA. YR.		33. LONG. COMP DATE MO. DA. YR.	
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469. VET PREFERENCE CODE		470. SERV COMP DATE MO. DA. YR.			



SECRET  
(When Filled In)

C REQUEST FOR PERSONNEL ACTION				DATE PREPARED 6 Feb 78	
1. SERIAL NUMBER J10032		2. NAME (Last-First-Middle) WOODS, JAMES S.			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 02 DAY 12 YEAR 78		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V		7. FAR AND NECA 3033 4800 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATION DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF			10. LOCATION OF OFFICIAL STATION WASH, D.C.		
11. POSITION TITLE RECORDS ADMIN OFF			12. POSITION NUMBER CG45		13. CAREER SERVICE DESIGNATION DCC
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 13 # 2	
17. SALARY OR RATE 26889					
18. REMARKS CONCUR: Henry Walton (telecoord) ISS From 125 6 Feb 78 Date					
19A. SIGNATURE OF REQUESTING OFFICIAL John F. [Signature], CNE/PERS		DATE SIGNED 6 Feb 78		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] DATE SIGNED 2/18/78	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
17. ACTION CODE 22 10	19. OFFICE CODE 46015	21. STATION CODE NE	22. INTEGRITY CODE 75013	24. MOBILE CODE 1	25. DATE OF BIRTH 02/20/28
26. DATE OF GRADE 03/12/78	27. DATE OF LEL 03/12/78	28. DATE OF GRADE 03/12/78	29. DATE OF LEL 03/12/78	30. DATE OF GRADE 03/12/78	31. DATE OF LEL 03/12/78
32. DATE OF GRADE 03/12/78	33. DATE OF LEL 03/12/78	34. DATE OF GRADE 03/12/78	35. DATE OF LEL 03/12/78	36. DATE OF GRADE 03/12/78	37. DATE OF LEL 03/12/78
38. DATE OF GRADE 03/12/78		39. DATE OF LEL 03/12/78		40. DATE OF GRADE 03/12/78	
41. DATE OF LEL 03/12/78		42. DATE OF GRADE 03/12/78		43. DATE OF LEL 03/12/78	
44. DATE OF GRADE 03/12/78		45. DATE OF LEL 03/12/78		46. DATE OF GRADE 03/12/78	
47. DATE OF LEL 03/12/78		48. DATE OF GRADE 03/12/78		49. DATE OF LEL 03/12/78	
50. DATE OF GRADE 03/12/78		51. DATE OF LEL 03/12/78		52. DATE OF GRADE 03/12/78	
53. DATE OF LEL 03/12/78		54. DATE OF GRADE 03/12/78		55. DATE OF LEL 03/12/78	
56. DATE OF GRADE 03/12/78		57. DATE OF LEL 03/12/78		58. DATE OF GRADE 03/12/78	
59. DATE OF LEL 03/12/78		60. DATE OF GRADE 03/12/78		61. DATE OF LEL 03/12/78	
62. DATE OF GRADE 03/12/78		63. DATE OF LEL 03/12/78		64. DATE OF GRADE 03/12/78	
65. DATE OF LEL 03/12/78		66. DATE OF GRADE 03/12/78		67. DATE OF LEL 03/12/78	
68. DATE OF GRADE 03/12/78		69. DATE OF LEL 03/12/78		70. DATE OF GRADE 03/12/78	
71. DATE OF LEL 03/12/78		72. DATE OF GRADE 03/12/78		73. DATE OF LEL 03/12/78	
74. DATE OF GRADE 03/12/78		75. DATE OF LEL 03/12/78		76. DATE OF GRADE 03/12/78	
77. DATE OF LEL 03/12/78		78. DATE OF GRADE 03/12/78		79. DATE OF LEL 03/12/78	
80. DATE OF GRADE 03/12/78		81. DATE OF LEL 03/12/78		82. DATE OF GRADE 03/12/78	
83. DATE OF LEL 03/12/78		84. DATE OF GRADE 03/12/78		85. DATE OF LEL 03/12/78	
86. DATE OF GRADE 03/12/78		87. DATE OF LEL 03/12/78		88. DATE OF GRADE 03/12/78	
89. DATE OF LEL 03/12/78		90. DATE OF GRADE 03/12/78		91. DATE OF LEL 03/12/78	
92. DATE OF GRADE 03/12/78		93. DATE OF LEL 03/12/78		94. DATE OF GRADE 03/12/78	
95. DATE OF LEL 03/12/78		96. DATE OF GRADE 03/12/78		97. DATE OF LEL 03/12/78	
98. DATE OF GRADE 03/12/78		99. DATE OF LEL 03/12/78		100. DATE OF GRADE 03/12/78	

18 August 1978

Mr. James S. Woods  
304 Meadow Hall Dr.  
Rockville, MD 20851

Dear Mr. Woods:

We are enclosing the employee copy of your  
retirement action (Form 1150) that you requested  
04 August 1978.

Sincerely,

151

Abraham Schwartz  
Chief, Control Division

Enclosure: 1 Form

Dist.

Orig. - Adse.

1 - TRB

1 - OPE/WOODS, James S.  
OP/TRB/SEAllewelt;sea(18AUG78)

ADMINISTRATIVE-INTERNAL USE ONLY

18 APR 1978

MEMORANDUM FOR: James S. Woods  
FROM: John N. McMahon  
Deputy Director for Operations  
SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work in Warrenton. I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.



John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

CONFIDENTIAL

1 AUG 1978

MEMORANDUM FOR: Director of Personnel

FROM : Kenneth Corbat  
Chief, Retirement Affairs Division

SUBJECT : Request for Voluntary Retirement -  
Mr. James S. Woods

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

Grade: GS-13	Position: Records Management Officer
Career Service	Operations
Office/Division	Information Management Staff
Date Requested for Retirement:	4 August 1978
Age at that Date	50
Years of Creditable Service	29
Years of Agency Service	26
Years of Qualifying Service	9

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/s/ Kenneth Corbat

The recommendation contained in paragraph 3 is approved.

(SIGNED) F. W. H. Jern

2 AUG 1978

Director of Personnel

Date

Distribution:

- 0 - Return to ROB
- 1 - Applicant
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

2 AUG 1978

CONFIDENTIAL

SECRET

(If Not Filled, No)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 5 Oct 1977	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
010032		Woods, James S.					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment AND CANCELLATION of NSCA				07 11 77		Regular	
6. RACE		7. PAR AND NSCA		8. LEGAL AUTHORITY (Complied by Office of Personnel)			
V TO V		V TO V		0333 4801 0000			
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICE & STATION			
DDO/NE Division Office of the Chief, NE Division Plans Staff				Wash., D. C.			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
Records Admin Off		CC45		DCC			
14. CLASSIFICATION NUMBER (GS, LR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01		12 4		34070 822-483	
18. REMARKS							
replacing Peter Serra							
Concur: #11 PER Sue 10.17.77							
#3 PER WANCY 10.17.77							
10/18/77 Date							
19A. SIGNATURE OF PREVIOUS OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
John T. B. [Signature]				10-05-77		[Signature] 10/15/77	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. EMPLOY CODE	22. POLICE CODES	23. STATION CODE	24. INTEGRITY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LR
37	10	4605	NE 7504		02/20/28		
28. RET EXPIRY	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CANCELLATION CANCELLATION DATA	FOD DATA		
33. RET PREFERENCE	34. SERV COMP. DATE	35. LONG COMP. DATE	36. CAREER CATEGORY	37. HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT.	43. FEDERAL TAX DATA		44. STATE TAX DATA		
COOR 0-NO PREVIOUS SERVICE 1-YES, 12 MONTHS 2-YES, 12 MONTHS (LESS THAN 3 YEARS) 3-YES, 12 MONTHS (MORE THAN 3 YEARS)		COOR	FORM EXECUTED 1-YES 2-NO		FORM EXECUTED 1-YES 2-NO		
45. POSITION CONTROL CERTIFICATION				46. OF APPROVAL		DATE APPROVED	
FROM: CCS 10.14.77 RSP				[Signature]		1700-7	

1152-1-77 EDITION

SECRET

E-2, IMPDET CL BY: 007622

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 019732										2. NAME (Last-First-Middle) WOODS, JAMES S.	
3. REASON OF PERSONNEL ACTION CHANGE OF PAN NUMBER					4. EFFECTIVE DATE REQUESTED MONTH: 08 DAY: 09 YEAR: 76			5. CATEGORY OF EMPLOYMENT REGULAR			
6. PAGES XX					7. PAN AND NSCA T230 0130 0002			8. SPECIAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATION DDC/CCS REGISTRY					10. LOCATION OF OFFICIAL STATION WASH., D. C.						
11. POSITION TITLE PROD. DC ADMIN OFF CH					12. POSITION NUMBER BL 14			13. CAREER SERVICE ORGANIZATION DCC			
14. CLASSIFICATION SCHEDULE (GS, EP, WS, F) GS					15. OCCUPATIONAL SERIES 0344.01			16. GRADE AND STEP 12 4			
17. SALARY OR RATE 21,321											
18. REMARKS											
19. SIGNATURE OF REQUESTING OFFICIAL Dennis E. Mc Mahill, Admin Off											
DATE SIGNED: 9 Aug. 76											
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER											
DATE SIGNED											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 37		22. EMPLOY CODE 10		23. OFFICE CODING 39115		24. STATION CODE CCS		25. INITIATOR CODE 75013		26. NUMBER CODE 1	
27. DATE OF BIRTH 02/20/27		28. DATE OF GRAD 1		29. DATE OF LES 1		30. SPECIAL REFERENCE EEO DATA		31. SEPARATION DATA CODE TYPE		32. CORRECTION/CANCELLATION DATA MO DA YR	
33. RET. EXPIRES MO DA YR		34. RETIREMENT DATA TYPE CODE		35. SECURITY MO DA YR		36. SEX MO DA YR		37. PREFERENCE CODE		38. SERV COMP DATE MO DA YR	
39. LONG COMP DATE MO DA YR		40. LEAVE CAT CODE		41. FEDERAL TAX DATA CODE		42. STATE TAX DATA CODE		43. SOCIAL SECURITY NO CODE		44. STATE TAX DATA CODE	
45. POSITION CONTROL CERTIFICATION 10 AUG 1976		46. OP APPROVAL B B...		47. DATE APPROVED							



C-NO MEM  
ABS 7/10

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 010032 ✓										13 July 1976	
2. NAME (Last-First-Middle) WOODS, JAMES S. ✓											
3. NATURE OF PERSONNEL ACTION Reassignment - Change of Home Base CHANGE OF SERVICE DESIGNATION										4. EFFECTIVE DATE REQUESTED 07   13   76	
5. CATEGORY OF EMPLOYMENT REGULAR										6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. P. M. AND N. S. C. A. 0000 0118 0000										8. P. M. AND N. S. C. A. (Continued by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY										10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE RECORDS ADMIN OF CH (12)										12. POSITION NUMBER RL 1A ✓	
13. CAREER SERVICE DESIGNATION DCC										14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	
15. OCCUPATIONAL SERIES 0311.01										16. GRADE AND STEP 12 4	
17. SALARY OF RATE \$ 21,324 ✓										18. REMARKS DESIGNATION CHANGED FROM DAC TO DCC.	
19. SIGNATURE OF REQUESTING OFFICER Donald E. Mc Mahill, CCS/ADM										20. DATE SIGNED 13 Jul 76	
21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER										22. DATE SIGNED	
23. SPACE BELOW FOR EXCLUSIVE USE OF THIS OFFICE OF PERSONNEL											
24. ACTION CODE 37 10		25. EMPLOY CODE 37 10		26. OFFICE CODES NUMERIC ALPHABETIC CCS		27. STATION CODE 75013		28. INTEREST CODE		29. DOWNS CODE	
30. DATE OF BIRTH 02   20   37		31. DATE OF GRADE 02   20   76		32. DATE OF (1) 02   20   76		33. DATE OF (2) 02   20   76		34. DATE OF (3) 02   20   76		35. DATE OF (4) 02   20   76	
36. DATE OF (5) 02   20   76		37. DATE OF (6) 02   20   76		38. DATE OF (7) 02   20   76		39. DATE OF (8) 02   20   76		40. DATE OF (9) 02   20   76		41. DATE OF (10) 02   20   76	
42. DATE OF (11) 02   20   76		43. DATE OF (12) 02   20   76		44. DATE OF (13) 02   20   76		45. DATE OF (14) 02   20   76		46. DATE OF (15) 02   20   76		47. DATE OF (16) 02   20   76	
48. DATE OF (17) 02   20   76		49. DATE OF (18) 02   20   76		50. DATE OF (19) 02   20   76		51. DATE OF (20) 02   20   76		52. DATE OF (21) 02   20   76		53. DATE OF (22) 02   20   76	
54. DATE OF (23) 02   20   76		55. DATE OF (24) 02   20   76		56. DATE OF (25) 02   20   76		57. DATE OF (26) 02   20   76		58. DATE OF (27) 02   20   76		59. DATE OF (28) 02   20   76	
60. DATE OF (29) 02   20   76		61. DATE OF (30) 02   20   76		62. DATE OF (31) 02   20   76		63. DATE OF (32) 02   20   76		64. DATE OF (33) 02   20   76		65. DATE OF (34) 02   20   76	
66. DATE OF (35) 02   20   76		67. DATE OF (36) 02   20   76		68. DATE OF (37) 02   20   76		69. DATE OF (38) 02   20   76		70. DATE OF (39) 02   20   76		71. DATE OF (40) 02   20   76	
72. DATE OF (41) 02   20   76		73. DATE OF (42) 02   20   76		74. DATE OF (43) 02   20   76		75. DATE OF (44) 02   20   76		76. DATE OF (45) 02   20   76		77. DATE OF (46) 02   20   76	
78. DATE OF (47) 02   20   76		79. DATE OF (48) 02   20   76		80. DATE OF (49) 02   20   76		81. DATE OF (50) 02   20   76		82. DATE OF (51) 02   20   76		83. DATE OF (52) 02   20   76	
84. DATE OF (53) 02   20   76		85. DATE OF (54) 02   20   76		86. DATE OF (55) 02   20   76		87. DATE OF (56) 02   20   76		88. DATE OF (57) 02   20   76		89. DATE OF (58) 02   20   76	
90. DATE OF (59) 02   20   76		91. DATE OF (60) 02   20   76		92. DATE OF (61) 02   20   76		93. DATE OF (62) 02   20   76		94. DATE OF (63) 02   20   76		95. DATE OF (64) 02   20   76	
96. DATE OF (65) 02   20   76		97. DATE OF (66) 02   20   76		98. DATE OF (67) 02   20   76		99. DATE OF (68) 02   20   76		100. DATE OF (69) 02   20   76		101. DATE OF (70) 02   20   76	
102. DATE OF (71) 02   20   76		103. DATE OF (72) 02   20   76		104. DATE OF (73) 02   20   76		105. DATE OF (74) 02   20   76		106. DATE OF (75) 02   20   76		107. DATE OF (76) 02   20   76	
108. DATE OF (77) 02   20   76		109. DATE OF (78) 02   20   76		110. DATE OF (79) 02   20   76		111. DATE OF (80) 02   20   76		112. DATE OF (81) 02   20   76		113. DATE OF (82) 02   20   76	
114. DATE OF (83) 02   20   76		115. DATE OF (84) 02   20   76		116. DATE OF (85) 02   20   76		117. DATE OF (86) 02   20   76		118. DATE OF (87) 02   20   76		119. DATE OF (88) 02   20   76	
120. DATE OF (89) 02   20   76		121. DATE OF (90) 02   20   76		122. DATE OF (91) 02   20   76		123. DATE OF (92) 02   20   76		124. DATE OF (93) 02   20   76		125. DATE OF (94) 02   20   76	
126. DATE OF (95) 02   20   76		127. DATE OF (96) 02   20   76		128. DATE OF (97) 02   20   76		129. DATE OF (98) 02   20   76		130. DATE OF (99) 02   20   76		131. DATE OF (100) 02   20   76	
132. DATE OF (101) 02   20   76		133. DATE OF (102) 02   20   76		134. DATE OF (103) 02   20   76		135. DATE OF (104) 02   20   76		136. DATE OF (105) 02   20   76		137. DATE OF (106) 02   20   76	
138. DATE OF (107) 02   20   76		139. DATE OF (108) 02   20   76		140. DATE OF (109) 02   20   76		141. DATE OF (110) 02   20   76		142. DATE OF (111) 02   20   76		143. DATE OF (112) 02   20   76	
144. DATE OF (113) 02   20   76		145. DATE OF (114) 02   20   76		146. DATE OF (115) 02   20   76		147. DATE OF (116) 02   20   76		148. DATE OF (117) 02   20   76		149. DATE OF (118) 02   20   76	
150. DATE OF (119) 02   20   76		151. DATE OF (120) 02   20   76		152. DATE OF (121) 02   20   76		153. DATE OF (122) 02   20   76		154. DATE OF (123) 02   20   76		155. DATE OF (124) 02   20   76	
156. DATE OF (125) 02   20   76		157. DATE OF (126) 02   20   76		158. DATE OF (127) 02   20   76		159. DATE OF (128) 02   20   76		160. DATE OF (129) 02   20   76		161. DATE OF (130) 02   20   76	
162. DATE OF (131) 02   20   76		163. DATE OF (132) 02   20   76		164. DATE OF (133) 02   20   76		165. DATE OF (134) 02   20   76		166. DATE OF (135) 02   20   76		167. DATE OF (136) 02   20   76	
168. DATE OF (137) 02   20   76		169. DATE OF (138) 02   20   76		170. DATE OF (139) 02   20   76		171. DATE OF (140) 02   20   76		172. DATE OF (141) 02   20   76		173. DATE OF (142) 02   20   76	
174. DATE OF (143) 02   20   76		175. DATE OF (144) 02   20   76		176. DATE OF (145) 02   20   76		177. DATE OF (146) 02   20   76		178. DATE OF (147) 02   20   76		179. DATE OF (148) 02   20   76	
180. DATE OF (149) 02   20   76		181. DATE OF (150) 02   20   76		182. DATE OF (151) 02   20   76		183. DATE OF (152) 02   20   76		184. DATE OF (153) 02   20   76		185. DATE OF (154) 02   20   76	
186. DATE OF (155) 02   20   76		187. DATE OF (156) 02   20   76		188. DATE OF (157) 02   20   76		189. DATE OF (158) 02   20   76		190. DATE OF (159) 02   20   76		191. DATE OF (160) 02   20   76	
192. DATE OF (161) 02   20   76		193. DATE OF (162) 02   20   76		194. DATE OF (163) 02   20   76		195. DATE OF (164) 02   20   76		196. DATE OF (165) 02   20   76		197. DATE OF (166) 02   20   76	
198. DATE OF (167) 02   20   76		199. DATE OF (168) 02   20   76		200. DATE OF (169) 02   20   76		201. DATE OF (170) 02   20   76		202. DATE OF (171) 02   20   76		203. DATE OF (172) 02   20   76	
204. DATE OF (173) 02   20   76		205. DATE OF (174) 02   20   76		206. DATE OF (175) 02   20   76		207. DATE OF (176) 02   20   76		208. DATE OF (177) 02   20   76		209. DATE OF (178) 02   20   76	
210. DATE OF (179) 02   20   76		211. DATE OF (180) 02   20   76		212. DATE OF (181) 02   20   76		213. DATE OF (182) 02   20   76		214. DATE OF (183) 02   20   76		215. DATE OF (184) 02   20   76	
216. DATE OF (185) 02   20   76		217. DATE OF (186) 02   20   76		218. DATE OF (187) 02   20   76		219. DATE OF (188) 02   20   76		220. DATE OF (189) 02   20   76		221. DATE OF (190) 02   20   76	
222. DATE OF (191) 02   20   76		223. DATE OF (192) 02   20   76		224. DATE OF (193) 02   20   76		225. DATE OF (194) 02   20   76		226. DATE OF (195) 02   20   76		227. DATE OF (196) 02   20   76	
228. DATE OF (197) 02   20   76		229. DATE OF (198) 02   20   76		230. DATE OF (199) 02   20   76		231. DATE OF (200) 02   20   76		232. DATE OF (201) 02   20   76		233. DATE OF (202) 02   20   76	
234. DATE OF (203) 02   20   76		235. DATE OF (204) 02   20   76		236. DATE OF (205) 02   20   76		237. DATE OF (206) 02   20   76		238. DATE OF (207) 02   20   76		239. DATE OF (208) 02   20   76	
240. DATE OF (209) 02   20   76		241. DATE OF (210) 02   20   76		242. DATE OF (211) 02   20   76		243. DATE OF (212) 02   20   76		244. DATE OF (213) 02   20   76		245. DATE OF (214) 02   20   76	
246. DATE OF (215) 02   20   76		247. DATE OF (216) 02   20   76		248. DATE OF (217) 02   20   76		249. DATE OF (218) 02   20   76		250. DATE OF (219) 02   20   76		251. DATE OF (220) 02   20   76	
252. DATE OF (221) 02   20   76		253. DATE OF (222) 02   20   76		254. DATE OF (223) 02   20   76		255. DATE OF (224) 02   20   76		256. DATE OF (225) 02   20   76		257. DATE OF (226) 02   20   76	
258. DATE OF (227) 02   20   76		259. DATE OF (228) 02   20   76		260. DATE OF (229) 02   20   76		261. DATE OF (230) 02   20   76		262. DATE OF (231) 02   20   76		263. DATE OF (232) 02   20   76	
264. DATE OF (233) 02   20   76		265. DATE OF (234) 02   20   76		266. DATE OF (235) 02   20   76		267. DATE OF (236) 02   20   76		268. DATE OF (237) 02   20   76		269. DATE OF (238) 02   20   76	
270. DATE OF (239) 02   20   76		271. DATE OF (240) 02   20   76		272. DATE OF (241) 02   20   76		273. DATE OF (242) 02   20   76		274. DATE OF (243) 02   20   76		275. DATE OF (244) 02   20   76	
276. DATE OF (245) 02   20   76		277. DATE OF (246) 02   20   76		278. DATE OF (247) 02   20   76		279. DATE OF (248) 02   20   76		280. DATE OF (249) 02   20   76		281. DATE OF (250) 02   20   76	
282. DATE OF (251) 02   20   76		283. DATE OF (252) 02   20   76		284. DATE OF (253) 02   20   76		285. DATE OF (254) 02   20   76		286. DATE OF (255) 02   20   76		287. DATE OF (256) 02   20   76	
288. DATE OF (257) 02   20   76		289. DATE OF (258) 02   20   76		290. DATE OF (259) 02   20   76		291. DATE OF (260) 02   20   76		292. DATE OF (261) 02   20   76		293. DATE OF (262) 02   20   76	
294. DATE OF (263) 02   20   76		295. DATE OF (264) 02   20   76		296. DATE OF (265) 02   20   76		297. DATE OF (266) 02   20   76		298. DATE OF (267) 02   20   76		299. DATE OF (268) 02   20   76	
300. DATE OF (269) 02   20   76		301. DATE OF (270) 02   20   76		302. DATE OF (271) 02   20   76		303. DATE OF (272) 02   20   76		304. DATE OF (273) 02   20   76		305. DATE OF (274) 02   20   76	
306. DATE OF (275) 02   20   76		307. DATE OF (276) 02   20   76		308. DATE OF (277) 02   20   76		309. DATE OF (278) 02   20   76		310. DATE OF (279) 02   20   76		311. DATE OF (280) 02   20   76	
312. DATE OF (281) 02   20   76		313. DATE OF (282) 02   20   76		314. DATE OF (283) 02   20   76		315. DATE OF (284) 02   20   76		316. DATE OF (285) 02   20   76		317. DATE OF (286) 02   20   76	
318. DATE OF (287) 02   20   76		319. DATE OF (288) 02   20   76		320. DATE OF (289) 02   20   76		321. DATE OF (290) 02   20   76		322. DATE OF (291) 02   20   76		323. DATE OF (292) 02   20   76	
324. DATE OF (293) 02   20   76		325. DATE OF (294) 02   20   76		326. DATE OF (295) 02   20   76		327. DATE OF (296) 02   20   76		328. DATE OF (297) 02   20   76		329. DATE OF (298) 02   20   76	
330. DATE OF (299) 02   20   76		331. DATE OF (300) 02   20   76		332. DATE OF (301) 02   20   76		333. DATE OF (302) 02   20   76		334. DATE OF (303) 02   20   76		335. DATE OF (304) 02   20   76	
336. DATE OF (305) 02   20   76		337. DATE OF (306) 02   20   76		338. DATE OF (307) 02   20   76		339. DATE OF (308) 02   20   76		340. DATE OF (309) 02   20   76		341. DATE OF (310) 02   20   76	
342. DATE OF (311) 02   20   76		343. DATE OF (312) 02   20   76		344. DATE OF (313) 02   20   76		345. DATE OF (314) 02   20   76		346. DATE OF (315) 02   20   76		347. DATE OF (316) 02   20   76	
348. DATE OF (317) 02   20   76		349. DATE OF (318) 02   20   76		350. DATE OF (319) 02   20   76		351. DATE OF (320) 02   20   76		352. DATE OF (321) 02   20   76		353. DATE OF (322) 02   20   76	
354. DATE OF (323) 02   20   76		355. DATE OF (324) 02   20   76		356. DATE OF (325) 02   20   76		357. DATE OF (326) 02   20   76		358. DATE OF (327) 02   20   76		359. DATE OF (328) 02   20   76	
360. DATE OF (329) 02   20   76		361. DATE OF (330) 02   20   76		362. DATE OF (331) 02   20   76		363. DATE OF (332) 02   20   76		364. DATE OF (333) 02   20   76		365. DATE OF (334) 02   20   76	
366. DATE OF (335) 02   20   76		367. DATE OF (336) 02   20   76		368. DATE OF (337) 02   20   76		369. DATE OF (338) 02   20   76		370. DATE OF (339) 02   20   76		371. DATE OF (340) 02   20   76	
372. DATE OF (341) 02   20   76		373. DATE OF (342) 02   20   76		374. DATE OF (343) 02   20   76		375. DATE OF (344) 02   20   76		376. DATE OF (345) 02   20   76		377. DATE OF (346) 02   20   76	

1. J. WARDEN C. AL. 007628



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 21 August 1973	
1. SERIAL NUMBER 010032		2. NAME (Last-First-Middle) WOODS, JAMES S.					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOLUNTEER FUNDS. REASSIGNMENT AND DELEGATION OF N.S.C.A.				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 73		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XX		7. PAN AND MSCA 4230 0121 0002		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE RECORDS ADMIN OF CH				12. POSITION NUMBER 0061		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 11 6		17. SALARY OR RATE 16,326	
18. REMARKS HOME BASE: <del>SS</del> <del>DDO</del> CONCUR: GEORGE OWENS (TELECOORD) C/EUR/PERS CONCUR: WILLIAM H. FLIPPEN (TELECOORD) DDF/RECORDS MGMT OFFICER * CONCUR FOR CIA W-2: <del>CCS/CCB/S</del>							
19A. SIGNATURE OF REQUESTING OFFICIAL Erich W. Isenstead, C/CCS				DATE SIGNED 8/24/73		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 391001CCS	22. STATION CODE 15013	23. INTEGRAL CODE 1	24. HOURS CODE 02120128	25. DATE OF BIRTH MO DA YR	26. DATE OF GRACE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR XX/XX/XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ. NO.	34. SEX
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CODE	39. FEGLI/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE EXEMPT. CODE	
45. POSITION CONTROL CERTIFICATION 8-23-B				46. O.P. APPROVAL *FRJF. EUR 11/1/73		DATE APPROVED 5 Aug 73	

FORM 1-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 011-0359

EX-72

(4)

CONFIDENTIAL  
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

JAMES S WOODS

NAME

(Please Print)

James S Woods

Signature

11 Sept 73

Date

CONFIDENTIAL  
(When filled in)

Group 1 - Excluded from  
automatic downgrading  
and declassification.

SECRET

17 APR 1973

Torrone, Aubrey F.  
Taylor, Paul F.  
Tilberry, Austin S.  
Tilton, John S.  
Tronnes, Sue Ann

Certificate of Exceptional  
Service (for Vietnam)

Valetich, Steven T.  
Vandaveer, Robert J.

Walker, Richard L.  
Walsh, Frances M.  
Ward, James R.  
Ward, Loretta L.  
Warren, Gail  
Warren, Ward W.  
Watson, William Bruce  
Weagraff, Ross M.  
Whelan, James W.  
Whistler, Leonard  
White, Walter W.  
Whittinghill, Robert B. (no. 2)  
Wickham, Ben, Jr.  
Wilcox, Rose Marie  
Williams, Bruce P.  
Williams, Caryl Joyce  
Williams, Edward, Jr.  
Wilson, Carolyn J.  
Wolfe, Mayme E.  
Woods, James S.

Yellin, James H.  
Young, Robert C.

VIETNAM (Contract Employees)

Allen, Maxwell J.

Bauso, Philip  
Baylard, Robert W.  
Bias, Louis  
Bivens, Edmond  
Bolton, William C., Jr.  
Boos, Marvin L.  
Bowman, David L.  
Brown, Robert D.  
Buckley, William F.

Chow, Gary Y. C.  
Collins, Francis A.

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 010032				2. NAME (Last-First-Middle) WOODS, JAMES S. ✓	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 04 73		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V O TO V X O TO O			7. PAN AND NSCA 3136 1267 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS A 24 UDP/EUROPEAN DIVISION FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH			10. LOCATION OF OFFICIAL STATION ROME, ITALY		
11. POSITION TITLE A.D.M. RECORDS ADMIN OFFICER (09)			12. POSITION NUMBER 0699		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344 01		16. GRADE AND STEP 11.6	
17. SALARY OR RATE \$16326					
<p>HOME BASE: IS CONCUR <i>Curran Graham</i>  PRA HR 20-17e (1) (a) PROMOTION  CONCUR: C/E/ITALY <i>W. J. Smider</i> NFE 1/73.  <i>Mr. Woods will be assigned to DOP/CS/RMU position 00611111.</i>  <i>Mr. Erwin.</i></p>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>William C. Cooley</i>		DATE SIGNED 1/3/73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James M. Curran</i>	
WILLIAM C. COOLEY, C/E/PERS		2/4/73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 33	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 44750 EUR	22. STATION CODE 36533	23. INTEREST CODE	24. MONTHS CODE 3
25. DATE OF BIRTH MO. DA. YR. 02/20/28		26. DATE OF GRADE MO. DA. YR. 02/04/73		27. DATE OF LEI MO. DA. YR. 02/04/73	
28. DATE EXPIRES MO. DA. YR. 02/03/74		29. SPECIAL REFERENCE 81		30. RETIREMENT DATA 1-YES 2-NO	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	
34. VET PREFERENCE CODE 1-5 PT 2-10 PT		35. SERV COMP DATE MO. DA. YR.		36. LONG COMP DATE MO. DA. YR.	
37. CAREER CATEGORY LAF/RESP PROV/TEMP		38. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		39. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	
40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-YES IN SERVICE 3-YES IN SERVICE (LESS THAN 3 YEARS) 4-YES IN SERVICE (MORE THAN 3 YEARS)			
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO			
44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION 2-2-73 <i>mmw</i>			
46. OP APPROVAL <i>P. S. J. S.</i>		DATE APPROVED 2/2/73			

FORM 1152 USE PREVIOUS EDITION  
6-72

SECRET

FEB 1973

E-2, IMPDET CL. BY: 007622

(4)

☐ UNCLASSIFIED

☐ INTERNAL  
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

JAMES WOODS

EXTENSION

NO.

EUR/PERS  
4B0002 Hqs

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

E/PERS/TEDDY

2.

C/E/PERS

3.

C/E/PERS I

4.

E/PERS/JON

5.

C/IS/PERS

6.

7.

CSPS/SOB GG10

8.

9.

OP/PI 5E03

10.

11.

12.

13.

14.

15.

for concurrence

for concurrence

7. Subject will be assigned as  
Ch. Reg. + RMO DDP/CCS upon  
his return to Hqs (about  
Aug 73), vice Evan

Mr. Woods will be assigned  
to CCS/RMO position  
0061 vice Mr. Michael  
Evan.

FORM  
3-62

610

USE PREVIOUS  
EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL  
USE ONLY

☐ UNCLASSIFIED

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 010032				2. NAME (Last-First-Middle) WOODS JAMES S	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS				4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 30 YEAR: 71	
5. CATEGORY OF EMPLOYMENT REGULAR				6. FINANCIAL ANALYSIS NO CHARGEABLE 1136-1267	
7. LEGAL AUTHORITY (Completed by Office of Personnel)				8. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH	
9. LOCATION OF OFFICIAL STATION ROME ITALY				10. POSITION NUMBER 9	
11. POSITION NUMBER 0699				12. CAREER SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LE, PW, etc.) GS				14. OCCUPATIONAL SERIES 0344.01	
15. GRADE AND STEP 10 7				16. SALARY OR RATE 13,821	
17. REMARKS 1 cc: Payroll From: DDP/EUR DEVELOPMENT COMPLEMENT No Language Required PRA HR 20-17E(1) (B) NTE Two Yrs X HB: EUR					
18A. SIGNATURE OF REQUESTING OFFICIAL WILLFORD C TAYLOR, C/E/Pers		DATE SIGNED 3/15/71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 3/15/71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 44625 ALPHABETIC: S/P	22. STATION CODE 36533	23. INTEGRAL CODE 3	24. MONTHS 62
25. DATE OF BIRTH MO. DA. YR. 05 29 173	26. DATE OF GRADE MO. DA. YR. 8 2	27. DATE OF LIT MO. DA. YR.	28. DATE OF BIRTH MO. DA. YR.	29. DATE OF GRADE MO. DA. YR.	30. DATE OF LIT MO. DA. YR.
31. NTE EXPIRES MO. DA. YR. 05 29 173	32. SPECIAL REFERENCE 1-YES 2-NO 3-10A 4-NO	33. RETIREMENT DATA CODE 82	34. SEPARATION DATA CODE TYPE EOD DATA	35. CORRECTION, CANCELLATION DATA MO. DA. YR.	36. SECURITY YES NO
37. VET PREFERENCE CODE 1-NO 2-YES 3-10A 4-NO	38. SERV COMP DATE MO. DA. YR.	39. LONG COMP DATE MO. DA. YR.	40. CAREER CATEGORY CODE 1-YES 2-NO	41. FEDERAL HEALTH INSURANCE CODE 1-YES 2-NO	42. SOCIAL SECURITY NO
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO ACT IN SERVICE 2-DEBAR IN SERVICE (LESS THAN 3 YEARS) 3-DEBAR IN SERVICE (MORE THAN 3 YEARS)	44. LEAVE CAT. CODE	45. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	46. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	47. STATE TAX DATA CODE 1-YES 2-NO	48. STATE TAX DATA CODE 1-YES 2-NO
49. POSITION CONTROL CERTIFICATION 5-7-71 P. 1			50. O.P. APPROVAL C. B. B.		51. DATE APPROVED 5-10-71

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If New Entry to)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

02 DECEMBER 1970

1. SERIAL NUMBER 010032		2. NAME (Last-First-Middle) WOODS JAMES S		3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 13 70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XX		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1236-1186		8. LEGAL AUTHORITY (Completed by Office of Personnel)		9. ORGANIZATIONAL DESIGNATION DDP/EUR DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE RECORDS ADM OFFICER		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, L, P, etc.) GS		15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 10 7		17. SALARY OR RATE \$ 13,041		18. REMARKS 2cc: SECURITY cc: PAYROLL FROM: DDP/EUR/FOREIGN FIELD LONDON, ENGLAND SLOT# 0254 NTE: 30 June 1971 Pending Reassignment		19. SIGNATURE OF REQUESTING OFFICIAL WILLFORD C. TAYLOR, C/E/PCRS		20. DATE SIGNED 3 Dec 70	
21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		22. DATE SIGNED 12/14/70		23. SECURITY ANALYSIS Security Personnel Granted by Data on 12/4/70 PDS 12/10/70		24. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL		25. ACTION CODE 16	
26. EMPLOY CODE 18		27. OFFICE CODING NUMERIC ALPHABETIC 44947 02R		28. STATION CODE 75013		29. INTEGRITY CODE 1		30. DATE OF BIRTH MO DA YR 02 20 28	
31. DATE OF GRADE MO DA YR		32. DATE OF LEP MO DA YR		33. SECURITY REQ NO.		34. SEX		35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	
36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAR/BILY PROV/ILMP		39. FEGLI/HEALTH INSURANCE CODE 0-NONE 1-YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION 12-8-70 mw	
46. OF APPROVAL w heat		47. DATE APPROVED 12/8/70		48. GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION		49. SECRET		50. FORM 1152 USE PREVIOUS EDITION	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 010032										20 JANUARY 1971	
2. NAME (Last-First-Middle) WOODS JAMES S											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS (CORRECTION)										4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 1 10 71	
5. CATEGORY OF EMPLOYMENT REGULAR										6. LEGAL AUTHORITY (Completed by Officer of Personnel)	
7. FINANCIAL ANALYSIS NO. 1234-1186										8. LEGAL AUTHORITY (Completed by Officer of Personnel)	
9. ORGANIZATIONAL DESIGNATION DDP/EUR DEVELOPMENT COMPLEMENT										10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE RECORDS ADM OFFICER										12. POSITION NUMBER 9997	
13. CAREER SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS										15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 10 7										17. SALARY OR RATE \$ 13,821	
18. REMARKS cc: Payroll TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70 Hd: EUR											
19A. SIGNATURE OF REQUESTING OFFICIAL WILLIAM C. COOLEY, AC/E/Pers				DATE SIGNED 1/1/71		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Gregory W. Smedley				DATE SIGNED 1/1/71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 58		20. EMPLOY CODE 18		21. OFFICE CODING PHONETIC ALPHABETIC 44777 EUR 75013		22. STATION CODE 75013		23. INTEGER CODE		24. MOOTES CODE 1	
25. DATE OF BIRTH MO. DA. YR. 02 20 28		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.		28. DATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE -TSC -DICH -TICR -NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR. 76 12 13 70		33. SECURITY RES. NO.		34. SEX		35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV. COMP. DATE MO. DA. YR.	
37. LONG COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CODE		39. FEET/HEALTH INSURANCE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PREVIOUS SERVICE 2-DEBAR IN SERVICE (LESS THAN 3 YEARS) 3-DEBAR IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT. CODE	
43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE		45. POSITION CONTROL CERTIFICATION 1-26-71 Mw		46. OP APPROVAL W. Heat		DATE APPROVED 1/26/71			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

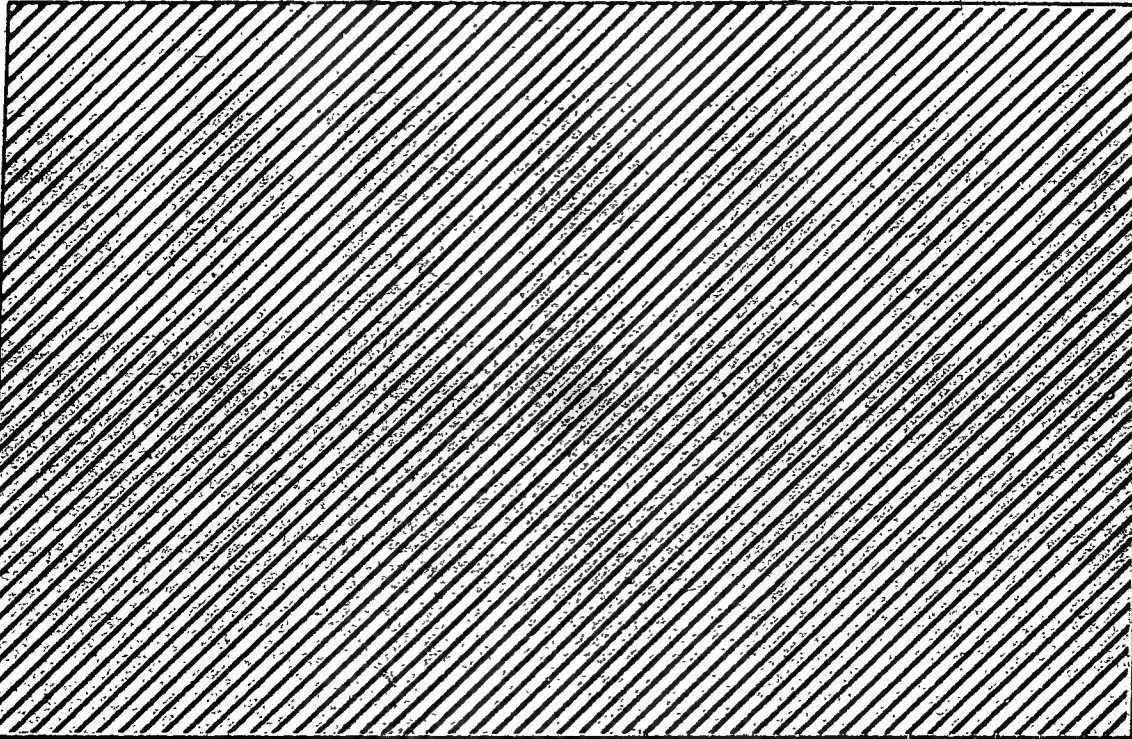


SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 010032						2. NAME (Last-First-Middle) WOODS, JAMES S	
3. NATURE OF PERSONNEL ACTION CHANGE OF FAN				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 12 71		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XX V TO V CF TO V		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1236-1186		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DOP/EUR DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE RECORDS ADM OFFICER				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GT, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10 7		17. SALARY OR RATE \$ 13,821	
18. REMARKS FROM 1234-1186 cc: Payroll K-H-B-EUR							
19A. SIGNATURE OF REQUESTING OFFICIAL WILLFORD C. TAYLOR, C/E/PO				DATE SIGNED 12 Feb 71		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. R. H.	
DATE SIGNED 17 Feb 71							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 18	21. OFFICE CODING NUMERIC ALPHABETIC 44997 EUR	22. STATION CODE 75013	23. INTEGRAL CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO. DA. YR. 02 20 28	26. DATE OF GRADE MO. DA. YR.
27. NTE EXPENSE MO. CA. YR.	28. SPECIAL REFERENCE	29. RETIREMENT DATA 1-YES 2-ORIGIN 3-FICA 4-NONE	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	32. SECURITY REG. NO.		33. SEX
34. VTE PREFERENCE CODE 0-NONE 1-5 PR 2-10 PR	35. SERV. COMP. DATE MO. DA. YR.	36. LONG COMP. DATE MO. DA. YR.	37. CAREER CATEGORY EAA/PSU PROV/TEMP	38. FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS	39. REGU/HEALTH INSURANCE CODE 0-NONE 1-YES	40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BEFORE IN SERVICE (LESS THAN 5 YEARS) 3-BEFORE IN SERVICE (MORE THAN 5 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS	44. STATE TAX DATA CODE NO. TAX EXEMPTIONS		45. SOCIAL SECURITY NO.	
46. POSITION CONTROL CERTIFICATION 2-12-71 km				47. O.P. APPROVAL W. R. H.		48. DATE APPROVED 2-12-71	

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
WOODS, JAMES S.	SELF	70-0961
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>6 MAY 1970</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF OSD REPRESENTATIVE	
19 JUNE 1970	/s/ R. L. Austin, Jr.	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

14 May 1968

*approved*

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for Mr. James S. Woods  
from GS-09 to GS-10

1. FE Vietnam Operations concurs in the field recommendation for the promotion of Mr. James S. Woods from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station.

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

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"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of 10 General, GS-11, Slot # 4984.

*John Caswell*  
Douglas S. Blaufarb  
Chief, Vietnam Operations

SECRET

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4 March 1968

MEMORANDUM FOR: Chief of Station

SUBJECT : Recommendation for Promotion -  
Mr. James S. Woods

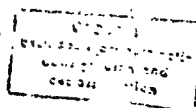
1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

SECRET



SECRET

- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/John K. Smith

Chief, OSB

CONCUR /s/Vincent Lockhart  
Acting Deputy Chief of Station

APPROVE: /s/Lewis J. Layman  
Chief of Station

SECRET

SECRET.

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>8 Oct 1963</b>	
1 SERIAL NUMBER <b>010032</b>		2 NAME (Last-First-Middle) <b>WOODS, JAMES S.</b>					
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>11   16   68</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 PRIORS <b>A</b>		7 TO V <b>V TO V</b>		7 FINANCIAL ANALYSIS NO CHARGES <b>9136 1214</b>		8 SPECIAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DIP/EUR FOREIGN FIELD BRITISH COMMONWEALTH REGION LONDON STATION SUPPORT BRANCH REGISTRY SECTION</b>				10 LOCATION OF OFFICIAL STATION <b>LONDON, ENGLAND</b>			
11 POSITION TITLE <b>RECORDS ADM OP (09)</b>				12 POSITION NUMBER <b>0254</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0344.01</b>		16 GRADE AND STEP <b>10 6</b>		17 SALARY OR RATE <b>\$ 10,847</b>	
18 REMARKS <b>CONCUR: Mary Boulger FE/Pers By Phone 25% Attached</b> <b>PRA 20-FI-D(1)(B) (B) NITE 2 YR. vice Imogene L. King</b>							
19 RECOMMENDING OFFICIAL <b>WILLFORD C. TAYLOR, C/E/Pers</b>		DATE SIGNED <b>7 Oct 68</b>		20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>Robert M. White</b>		DATE SIGNED <b>22 OCT 1968</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21 ACTION CODE <b>37 10</b>		22 EMPLOY CODE <b>44525 EUR</b>		23 OFFICE CODING NUMERIC ALPHABETIC <b>21025</b>		24 STATUS CODE <b>3 62 20 28</b>	
25 DATE OF BIRTH MO. DA. YR. <b>11 16 68</b>		26 DATE OF GRADE MO. DA. YR. <b>11 16 68</b>		27 DATE OF LEI MO. DA. YR. <b>11 16 68</b>		28 DATE OF DEATH MO. DA. YR. <b>EOD DATA</b>	
29 SPECIAL REFERENCE <b>S.3</b>		30 RETIREMENT DATA CODE <b>1-00</b>		31 SEPARATION DATA CODE <b>1-00</b>		32 CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. <b>1-00</b>	
33 PAY PRESENT CODE <b>1-00</b>		34 SERV. COMP DATE MO. DA. YR. <b>11 16 68</b>		35 LONG COMP DATE MO. DA. YR. <b>11 16 68</b>		36 CAREER CATEGORY CODE <b>1-00</b>	
37 FEDERAL TAX DATA FORM EXECUTED CODE <b>1-00</b>		38 STATE TAX DATA FORM EXECUTED CODE <b>1-00</b>		39 HEALTH INS. CODE <b>1-00</b>		40 SOCIAL SECURITY NO. <b>1-00</b>	
41 POSITION CONTROL CERTIFICATION <b>10 25 68</b>		42 APPROVAL <b>[Signature]</b>		43 DATE APPROVED <b>11 16 68</b>			

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 010032				2. NAME (Last-First-Middle) WOODS JAMES S	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 28 68		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V C TO V	V TO C C TO C	7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137 1487		8. LEGAL AUTHORITY (Completed by Officer of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DEP/FE FOREIGN FIELD FE/VSO - VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT			10. LOCATION OF OFFICIAL STATION SAIGON, South Vietnam.		
11. RECORDS ADMIN OF D 11			12. POSITION NUMBER 4984	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SYMBOL (G, I, D, etc.) OS		15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 10.6	17. SALARY OR RATE \$ 10847	
18. REMARKS RECORDS ADMIN OFFICER OCCUPYING IO GENERAL POSITION.					
19A. SIGNATURE OF REQUESTING OFFICIAL CFE/PERSONNEL, Mary T. Boulger		DATE SIGNED 23 July 68		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Robert M. White	
DATE SIGNED 21					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22 10	20. EMPLOY CODE NS 000	21. POSITION CODE FE 7705	22. INTEGRAL CODE	23. HODGINS CODE 3	24. DATE OF BIRTH MO. DA. YR. 02 20 28
25. DATE OF GRADE MO. DA. YR.	26. DATE OF LEP MO. DA. YR.	27. SECURITY REG NO.	28. SEX	29. ECD DATA	
30. RETIREMENT DATA MO. DA. YR.	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33. SOCIAL SECURITY NO.	34. SOCIAL SECURITY NO.	
35. VET PREFERENCE CODE 0-None 1-1 R 2-10 R	36. SERV COMP DATE MO. DA. YR.	37. LOSE COMP DATE MO. DA. YR.	38. CAREER CATEGORY CODE 0-None 1-100 2-100	39. LEGAL HEALTH INSURANCE CODE 0-None 1-100 2-100	40. SOCIAL SECURITY NO.
41. PERIODS OF GOVERNMENT SERVICE CODE 0-None 1-100 2-100 3-100	42. LEAVE LAF CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	45. SOCIAL SECURITY NO.	
46. POSITION CONTROL CERTIFICATION			47. OP APPROVAL DATE APPROVED		

FORM 1152 1-67 PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 17 NOVEMBER	
1. SERIAL NUMBER 010032		2. NAME (Last-First-Middle) WOODS, JAMES S.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 16 YEAR: 66		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V O TO V X O TO O			7. FINANCIAL ANALYSIS NO. CHARGEABLE 7137-1487		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/FE/FOREIGN FIELD FE/VNC - VIETNAM STATION  EXECUTIVE OFFICE REGISTRY SECTION			10. LOCATION OF OFFICIAL STATION EAIGON, SOUTH VIETNAM		
11. POSITION TITLE RECORDS ADMIN OF GS-11 (11)			12. POSITION NUMBER 4127		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (G.S. I.A. or J.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 09/A 7	
17. SALARY OR RATE \$ 9001-9262 ✓		18. REMARKS FROM: JKO/TOKYO STATION/OFFICE OF THE CHIEF/ CENTRAL REGISTRY AND RECORDS SECTION			
19A. SIGNATURE OF REQUESTING OFFICER R. T. BOULGER, CFE/PAS		DATE SIGNED 22 Nov 66		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER V. L. BURBAK	
DATE SIGNED 20 Nov 66					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 34	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 45500 ALPHABETIC: FE	22. STATION CODE 77265	23. INTERFER CODE 5	24. HDQ/RS CODE 02
25. DATE OF BIRTH MO: 12 DA: 20 YR: 28		26. DATE OF DEATH MO: DA: YR:		27. DATE OF LEL MO: DA: YR:	
28. NTE EXPIRES MO: DA: YR:		29. SPECIAL REFERENCE 1-EX 2-POL 3-NGO		30. SEPARATION DATA CODE TYPE: MO: DA: YR:	
31. VET PREFERENCE CODE: 0-NONE 1-1 PT 2-10 PT		32. SERV COMP DATE MO: DA: YR:		33. LONG COMP DATE MO: DA: YR:	
34. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NONE 1-BEFORE IN SERVICE 2-BEFORE IN SERVICE (LESS THAN 3 YEARS) 3-BEFORE IN SERVICE (MORE THAN 3 YEARS)		35. STATE CAT CODE		36. FEDERAL TAX DATA CODE: 0-NONE 1-YES 2-NO	
37. POSITION EXECUTED CODE: 1-YES 2-NO		38. FEDERAL TAX DATA CODE: 0-NONE 1-YES 2-NO		39. STATE TAX DATA CODE: 0-NONE 1-YES 2-NO	
40. POSITION CONTROL CERTIFICATION 170766N		41. DATE APPROVED 14/1/66		DATE APPROVED	

152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(15)

SECRET

(When filled in)

F-14

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 010032				18 Nov 66	
2. NAME (Last-First-Middle) WOOLLS, JAMES S.					
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 18 66	
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
7. FUNDS V TO V CP TO V X CP TO CP		8. FINANCIAL ANALYSIS NO CHARGEABLE 7137-1566			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE				10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN	
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP 9	
17. SALARY OF RATE 5					
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. RIGHTS CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR			
28. BSE EXPRES. MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSE 2-TECH 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY RIG NO
34. LET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	35. LSTN COMP DATE MO DA YR	36. LONG COMP DATE MO DA YR	37. CAREER CATEGORY CODE 0-NONE 1-10 PROG. TEMP	38. HEALTH INSURANCE CODE 0-WAIVER 1-YES	39. SOCIAL SECURITY NO
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PRIOR SERVICE 2-ARMY IN SERVICE (LESS THAN 3 YEARS) 3-ARMY IN SERVICE (MORE THAN 3 YEARS)	41. LEAVE EXT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	43. NO TAX EXEMPTIONS	44. STATE TAX DATA FORM EXCLUDED CODE 1-YES 2-NONE	45. STATE TAX CODE CODE MO TAX STATE CODE
46. POSITION CONTROL CERTIFICATION 11-21-66 EN			47. OP APPROVAL See memo signed by D/Pers dated 16 NOV 66		48. DATE APPROVED

5 January 1966

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion  
of Mr. James S. Woods  
from GS-09 to GS-10

1. It is strongly recommended that Mr. James S. Woods be promoted from GS-09 to GS-10. Mr. Woods entered on duty with the Agency in April 1962 as a GS-09 Records and File Clerk assigned to RFD. Since that time Mr. Woods has served as a Receiver Analyst at Headquarters in Room 400 and at the Manila, and since 1981 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade GS-09 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the promotion recommendation for the Tokyo Station, 9 November 1964, the Director commented on Mr. Woods as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Station Registry. This unit is located at Jomo Air Station and handles all correspondence for all Station elements. In view of the fact that the station is located in a different geographic location, a great deal of responsibility is given to Mr. Woods to insure that all correspondence is received, rapidly and properly processed, dispatched and properly routed and prepared. The day-a-day activities of the station are handled efficiently and the Chief Registry is rapidly turning out priority dispatches.

"B. The Registry is presently composed of six employees in addition to Mr. Woods as Chief of this unit. Mr. Woods does an exemplary job of supervising these employees with the result that the Registry is a well-oiled machine.

Not Approved  
3/1/66

Group 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

"C. In addition to his normal duties, Mr. Woods is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

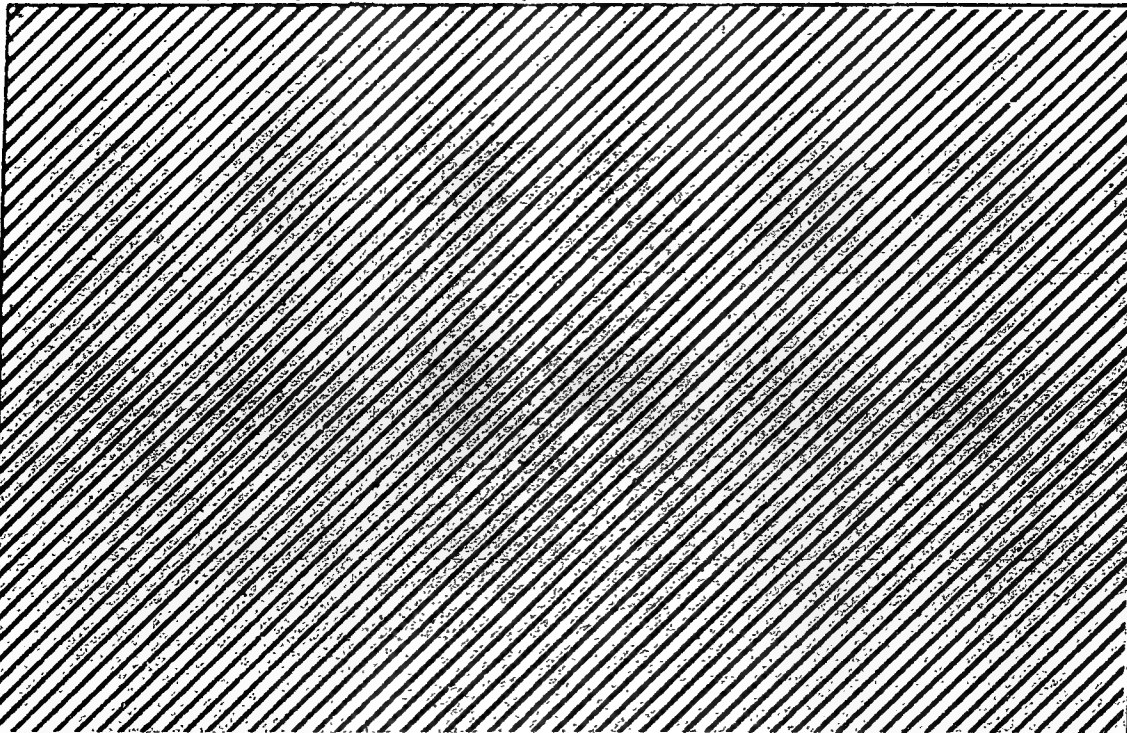
"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity.

"E. Mr. Woods has continued to perform in an ever-all "go-getter" manner as evidenced in his recent "Special Report". He recently planned and effectively implemented the move of the State Secretariat from one location to another. In a dispatch, dated 22 November, 1965, the present Chief of Station, Tokyo, stated "There is little need to add to my predecessor's recommendation dated 9 November 1964, for promotion of Mr. Woods. He is performing all his duties as Chief of the Tokyo Station Registry with a thoroughness and dispatch. He is a strong supervisor who maintains discipline and achieves the maximum productivity of his personnel and materials."

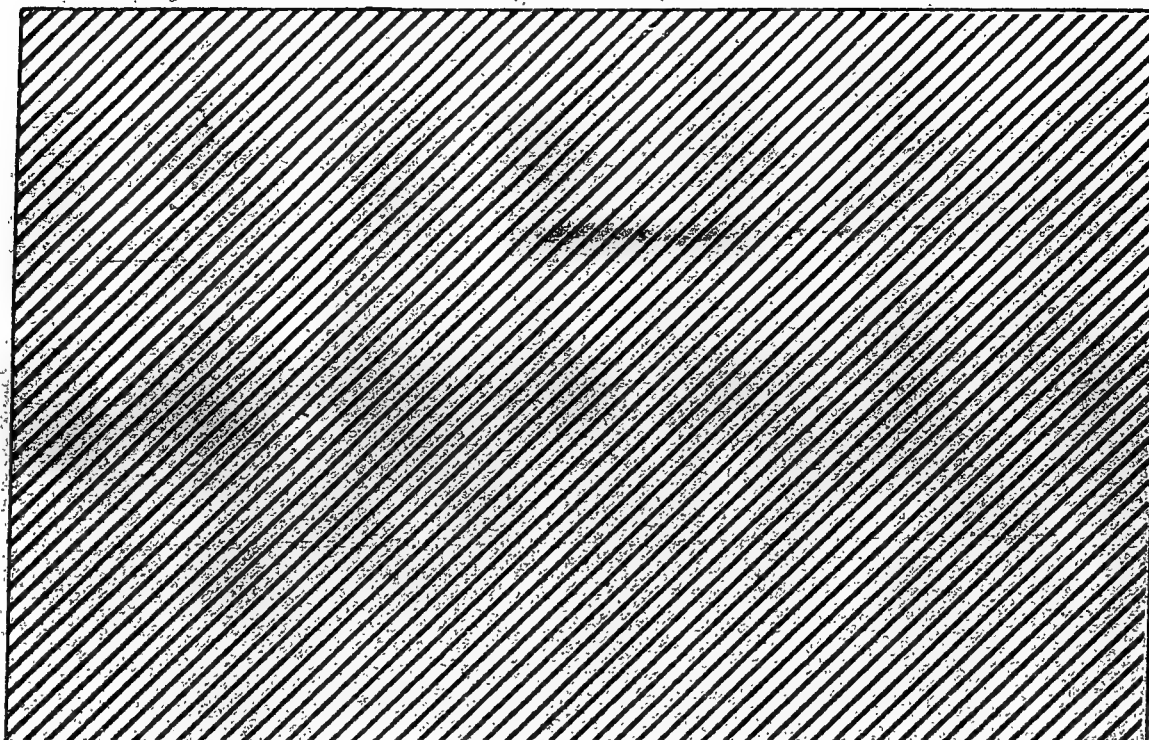
"F. The Agency Chief of Station, Tokyo, recommended that a promotion of Mr. Woods be promoted from GS-09 to GS-10. The Agency Chief of Station, Tokyo, recommended that Mr. Woods be promoted from GS-09 to GS-10 at the

Terry T. Shima  
for Richard G. Davis  
Chief, RST/DC

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Woods, James S.	Louise A. - wife	66-502
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>26 October 1965</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 17 DEC 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. DeFolice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) Woods, James S.	NAME AND RELATIONSHIP OF DEPENDENT* Wife - Louise A.	CLAIM NUMBER 66-148
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 26 June 1965.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 17 AUG 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. DeTelle</i>
-------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>10 Feb 1961</b>	
1. SERIAL NUMBER <b>110032</b>		2. NAME (Last-First-Middle) <b>WOODS, James S.</b>					
3. NATURE OF PERSONNEL ACTION <b>Reassignment and Transfer to Confidential funds 03 19 61</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>03 19 61</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>	
6. FUNDS 		V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGEABLE <b>1137-7351-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE FE/JAO Tokyo Station Office of the Chief Central Registry and Records Section</b>				10. LOCATION OF OFFICIAL STATION <b>Tokyo, Japan</b>			
11. POSITION TITLE <b>Intel Analyst - Gen</b>		12-D		12. POSITION NUMBER <b>3061</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0132.36</b>		16. GRADE AND STEP <b>09 3</b>		17. SALARY OR RATE <b>6765</b>	
18. REMARKS <b>FROM: FE/Office of the Chief/2461 Tray 1 lcc - Security</b>  <b>Form 259 forwarded to Medical Staff Departure Date: 31 March 1961 FE/CMC Approved</b>  <div style="text-align: right;"><i>Security App. 2/16/61 Mr 3/4/61</i></div>							
19. SIGNATURE OF PERSONNEL OFFICIAL  <b>ROBERT D. CASHMAN, CFE PERSONNEL</b>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE <b>11</b>	22. EMPLOY CODE <b>11</b>	23. OFFICE CODE NUMERIC <b>5130</b>	24. STATION CODE ALPHABETIC <b>11</b>	25. INTERVIEW CODE <b>3</b>	26. DATE OF BIRTH MO DA YR <b>02 20 28</b>	27. DATE OF LEAVE MO DA YR	28. DATE OF LAST MO DA YR
29. DATE EXPIRES MO DA YR		30. DATE OF REFERENCE 1 = 30 2 = 60 3 = 90 4 = 120	31. SEPARATION DATA CODE <b>1</b>	32. CONNECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ. NO.	
34. NET. PREFERENCE CODE 0 = NONE 1 = 5 YR. 2 = 10 YR.		35. SEPA. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. MIL SER. CRED. CODE 1 = YES 2 = NO	38. PERM. / HEALTH INSURANCE CODE 0 = OTHER 1 = YES	39. SOCIAL SECURITY NO.	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE LESS THAN 12 MONTHS 3 = BREAK IN SERVICE MORE THAN 12 MONTHS		41. NUCLEAR INT. CODE	42. VETERAN DATA FORM EXECUTED CODE 1 = YES 2 = NO	43. MIL. PAR. EXEMPTIONS CODE 1 = YES 2 = NO	44. STATE TAX DATA		
45. POSITION CONTROL CERTIFICATION <b>Kearney 03/13/61</b>				46. O.P. APPROVAL 			

S-E-C-R-E-T


MEMORANDUM FOR: James S. Woods

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 16 December 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

  
WENDELL E. LITTLE  
DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T



SECRET

## REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD	
510032		WOODS JAMES S		Mo. Da. Yr.		None-0 Code		M 1		Mo. Da. Yr.	
02 20 28				5 Pt-1 10 Pt-2		1				04 21 52	
7. SCB		8. CSC Name		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code	
11 12 48		1		50 USCA 403 d				04 21 52		2	

## PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP FE FE/PSM PHILIPPINES STATION SUPPORT BRANCH		5161		MANILA, R.P.		57557	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.	
Dept. - USIA - Frign. -		5 RECDs MGMT ANAL		3382		GS	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
0306.01		09 1		\$ 5985		01	
24. Date Of Grade		25. PSI Due		26. Appropriation Number			
Mo. Da. Yr.		Mo. Da. Yr.		9 3780 55 006		sh	

## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		01		Mo. Da. Yr.		Regular		01			
3 22 59											

## PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP/FE Office of the Chief Secretariat		5112		Washington, D. C.		25013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.	
Dept. - USIA - Frign. -		RECDs MGMT OF		2461 58-11			
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
41. Date Of Grade		42. PSI Due		43. Appropriation Number			
Mo. Da. Yr.		Mo. Da. Yr.		9 3700 20 001		sh	

## SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Harriet Weller, CFE/Secretariat		M. L. Shobe, CFE/Personnel	
B. For Additional Information Call (Name & Telephone Ext.)			
Mozelle Little X2957			

## CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		3-12-59				D. Placement					
B. Pos. Control						E.					
C. Classification						F. Approved By					
Remarks											
please transfer from Unvouchered to Vouchered funds 2 Copies to Security											

SECRET



00000  
*Stinberg*  
COPY

AIR

1024-A-9355  
(50-1-5)

Chief, WH Division  
ATTN : Chief, RI  
Chief of Station, Mexico City

31 January 1958

Administrative

EDY Service - RI Team

ACTION REQUIRED: Routing copies to Personnel files of employees concerned

1. During the period of February to August 1957, Francis E. SUCY, James B. WOODS, Dorothy SPICKA, Virginia LONG, and Sarah J. BENNETT served the Mexico City Station as a Records Reorganization team. The Chief of Station, Mexico City, wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.

2. Mexico City Station wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.

3. The RI employees named in paragraph 1 worked hard (expending many hours more than the forty normal work hours each week) and efficiently on Mexico City Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

WINSTON SCOTT

ACB/cps

29 January 1958

Distribution:

8 - Hqs.  
2 - Files

STANDARD FORM 52 FORM 52 OF THE U. S. CIVIL SERVICE COMMISSION JAN. 1957 EDITION - FEDERAL PERSONNEL MANUAL, CHAPTER IV		UNVOUCHERED	
<b>REQUEST FOR PERSONNEL ACTION</b>			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)		2. DATE OF BIRTH	
MR. James S. Woods		20 Feb. 1928	
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		4. REQUEST NO.	
Reassignment <i>transfer to US funds</i>		5. DATE OF REQUEST	
6. POSITION (Specify whether establish, change grade or title, etc.)		7. C. S. OR OTHER LEGAL AUTHORITY	
8. EFFECTIVE DATE A. PROPOSED B. APPROVED		9. C. S. OR OTHER LEGAL AUTHORITY	
10. FROM: Intel Analyst BV-430.12 GS-0132.35-7 4793 \$4,600.00 p/a DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.		11. TO: Intel Analyst BFF-5252 Records Integration Division GS-0132.35-7 4793 \$4,600.00 p/a DDP/FE GS-0136.01-7 Branch 3 - Philippines Station Administrative Section Manila, R.P.	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
12. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		13. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	
14. REMARKS (Use reverse if necessary) * Memo dtd 18 June 1957 to Mgm staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7n - Record Analyst) be established on the Manila I/O. Woods to be slotted against the GS-9 slot. Please call FE/PT/III x 4009 for effective date. 2 copies to Security. Ronald Gage, FE/PT/III OFFICER Jimmie Dewberry x 2957 15. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DI 16. APPROPRIATION FROM 8-2309-23 TO 8-3780-55-006 17. SUBJECT TO C. S. RETIREMENT ACT (U.S.-NO) YES 18. DATE OF APPOINTMENT AFFIDAVIT (ADVERSE ONLY) 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: 20. STANDARD FORM 50 REMARKS D.O.C. 04.10.55. PSI - 04.06.58 760 L.W. 21. CLEARANCES A. <input type="checkbox"/> B. CEIL. OR POS. CONTROL <input type="checkbox"/> C. CLASSIFICATION <input type="checkbox"/> D. PLACEMENT OR ENPL <input type="checkbox"/> E. <input type="checkbox"/> INITIAL OR SIGNATURE DATE REMARKS D. L. REEDY 12-4, D.L. to be forwarded to, signed 16 August 57 F. APPROVED BY 10-5112-8			

STANDARD FORM 52 PREPARED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540		VOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One from name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. James S. Woods	20 Feb 1928		15 Aug 1956
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED:	
FROM— BV-430.02	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Intel Analyst BV-430.12 GS-0132.35-7 \$4660.00 pa DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
A. REMARKS (Use reverse if necessary) Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.			
B. REQUESTED BY (Name and title) John M. Scott, Chief, RIG		D. REQUEST APPROVED BY Ch. M. [Signature], RIG	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Ruth Robinson, Ext. 2519		Signatures Title	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/> GRADE OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD: DI	
15. SEX M	16. APPROPRIATION FROM 7-2309-23 TO: [Blank]	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) [Blank]
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: [Blank]			
20. STANDARD FORM 50 REMARKS APPROVED BY FI CAREER SERVICE BOARD DATE 16 Aug 56			
21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL	LP	7/18/56	
C. CLASSIFICATION			
D. PLACEMENT OR EXPL.	[Signature]	17 Aug 56	
E.			
F. APPROVED BY [Signature] by [Signature] C. Little, 17 Aug 56			

STANDARD FORM 52 FORM DATED BY THE U. S. GOVERNMENT PRINTING OFFICE REPLACES FORM 52, PERSONNEL MANUAL, CHAPTER 10		UNVOUCHERED TO VOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)		2. DATE OF BIRTH	
Mr. James S. Woods		20 Feb 1928	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		4. DATE OF REQUEST	
Reassignment		14 June 1956	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED:	
		B. APPROVED:	
7. C.S. OR OTHER LEGAL AUTHORITY			
FROM: IO-CI 08-0136.53-7 BFF 583.05 \$4660.00 DDP/FE Branch 1 - Korea Base Records Integration Branch Personality Files Section Yokosuka, Japan		TO: Intel Analyst BV-430.02 GS-0136.53-7 \$4660.00 pa DDP/FE Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.	
8. POSITION TITLE AND NUMBER		9. SERVICE GRADE AND SALARY	
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
<input checked="" type="checkbox"/> FIELD		<input checked="" type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary)			
Transfer from Unvouchered to Vouchered Funds. Vice Lenore Johnson, transferring to EE. Copies of this action have been submitted to Payroll and Security offices.			
CONCUR: <i>[Signature]</i>			
B. REQUESTED BY (Name and title)		C. REQUEST APPROVED BY	
John M. Scott, Chief, RI		Signature: <i>[Signature]</i>	
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: <i>[Signature]</i>	
Ruth Robinson, Ext. 2510		Title: <i>[Signature]</i>	
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE WWI OTHER 5 PT 15 POINT DISAB OTHER <input checked="" type="checkbox"/>		NEW VICE 1 A. REAL SD: DI	
15. APPROPRIATION FROM: 6-2740-55-096 TO: 6-2309-23		17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	
16. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: DC	
20. STANDARD FORM 50 REMARKS			
21. CLEARANCES			
A.		INITIAL OR SIGNATURE	
B. CEIL OR FOS CONTROL		DATE	
C. CLASSIFICATION		REMARKS	
D. PLACEMENT OR EMPL.			
E.			
APPROVED BY: <i>[Signature]</i>			

SECRET

SECRET

Name: WOODS, James S.

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROMTO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/FE

Staff: Branch 1 - Korea Base

RI

Branch: Records Integration

Analysis WH &amp; Operations

Section: Personality Files

Analysis

Hqrs: Yokosuka, Japan

Washington

I &amp; R Comment

19 JUN 1956  
Date

VIA: AIR

SPECIFY AIR OR SEA ROUTE

DISPATCH NO. FKLA 5886

**CONFIDENTIAL**

CLASSIFICATION

4 FEB 1955

TO: Chief, FE

DATE:

FROM: Chief, Korea Mission

INFO: Chief, Support Mission,  
China

SUBJECT: GENERAL: Administrative/Personnel

SPECIFIC: Recommendation for Promotion - James S. WOODS

1. It is recommended that James S. WOODS be promoted from GS-5 to GS-7. Subject entered on duty with the Korea Mission 26 July 1954.

2. WOODS presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the Korea Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, FOENAG has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. WOODS is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to reestablish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that WOODS is performing the duties outlined in the job description attached hereto.

/s/ JOHN L. HART

1 February 1955

1 ENCL - a/s

DISTRIBUTION:

1 - Chief, FE

1 - Chief, EN

**CONFIDENTIAL**

CLASSIFICATION



# CONFIDENTIAL

DEFINITION OF POSITION: James S. WOODS

## 1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

## 2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:

- (1) Make all KOMI file checks on PRQ's and file check requests, writing up the results and forwarding them to the proper agencies.
- (2) Make sure that all PRQ's and file check requests have the correct classification, the proper number of copies for distribution, correct name and telecodes, and are forwarded to the proper case officer or foreign unit.
- (3) See that the results of KOMI file checks received from Headquarters and CHIMI are properly carded and forwarded to the case officer concerned.
- (4) Keep all agent records up-to-date with regard to cryptonyms, FOC's, OC's and other additional information received.
- (5) Keep files on all terminated agents and see that the proper records are filled out and forwarded when they are terminated.

b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memos, HQ's, Contact Reports, COMINT Reports, EPIC's, various intelligence summaries, etc.

## 3. Responsibility for the Work of Others:

N/A

## 4. Scope and Effect of Work:

I am responsible for making all KOMI file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

## 5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

# CONFIDENTIAL

CONFIDENTIAL

- 2 -

6. Mental Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all KOMI file checks, regarding what information is to be sent to Headquarters and CHIMI.

7. Personal Work Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING

*Thode, James S.*

1. Typing

3. English Usage

2. shorthand

④ 4. Office Practice  
(Electric typewriter, filing,  
phone, Correspondence Manual,  
proofreading, office protocol.)

STANDARD FORM 52  
FORM 52-1 (Rev. 1-1-54)  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540  
GSA GEN. REG. NO. 27

# REQUEST FOR PERSONNEL ACTION

YOU WISHED TO  
UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. James S. WOODS	20 Feb 56		16 Feb 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED	7. C. S. OR OTHER LEGAL AUTHORITY
Reassignment			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: Feb 25 1954	
10. FROM: Intell. Anal. 21-469.08 GS-1325, \$3410.00 p.a. GS-04235-5 DDP/PI Records Integration <del>STRT</del> DIV Processing & Records Branch Consolidation Section Washington, D.C.	11. POSITION TITLE AND NUMBER 12. SERVICE, GRADE, AND SALARY 13. ORGANIZATIONAL DESIGNATIONS 14. HEADQUARTERS 15. FIELD OR DEPARTMENTAL	16. TO: 16(FI) EST 602.02-5 GS-0136.01-15, \$3410.00 p.a. DDP/PI Intelligence Division Positive Intelligence Branch Langley	

A. REMARKS (Use reverse if necessary)

Transfer to Unvouchered Funds from Vouchered Funds.

Concur

John M. Scott  
CHIEF, RI

B. REQUESTED BY: H. C. Clinkscale, Jr. Personnel Officer	D. REQUEST APPROVED BY: Edward C. McManara
C. FOR ADDITIONAL INFORMATION CALL (Area and telephone extension) Howard P. Mitchell 15-1 X2161	Signature: Joe FI/PO
13. VETERAN PREFERENCE NONE WITH OTHER 5 PT. 10 POINT X UNRAD OTHER	14. POSITION CLASSIFICATION ACTION NEW VRL I. A. REAL CD-FI
15. SEX: M 16. RACE: W 17. APPROPRIATION FROM: A-2300-20 TO: 1-3740-55-096	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) YES
	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 20. LEGAL RESIDENCE CLAIMED PROVED STATE:

21. STANDARD FORM 50 REMARKS

Eff. date okay  
Spec. F.C. - FI  
16 Apr 54  
conc. 26 Mar 54  
16 Apr 54

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	Jm	29 Mar 54	
C. CLASSIFICATION			
D. PLACEMENT OR EMP.	W. J. Taylor	25 Mar 54	
E.			
F. APPROVED BY: [Signature] 27 Apr 54			

STANDARD FORM 52 PROPERTY OF THE U. S. GOVERNMENT PRINTED AT THE NATIONAL ARCHIVES			
<b>REQUEST FOR PERSONNEL ACTION</b>			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) <b>James S. Woods</b>		2. DATE OF BIRTH <b>20 Feb 1928</b>	
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Promotion</b>		4. DATE OF REQUEST <b>1 June 1953</b>	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED:  B. APPROVED: <b>7 June 53</b>	
7. C. S. OR OTHER LEGAL AUTHORITY			
FROM: <b>Intel. Anal. BV-469.08-4</b> <b>GS-1332 \$3175.00 ps</b> <b>DDP/PI</b> <b>Records Integration Division STAFF</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b> <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		TO: <b>Intel. Anal. BV-469.08</b> <b>GS-1332 \$3410.00 ps</b> <b>DDP/PI</b> <b>Records Integration Division STAFF</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b> <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
8. POSITION TITLE AND DUTIES		9. SERVICE GRADE AND SALARY	
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
A. REMARKS (Use reverse if necessary) <b>17 Aug</b> <b>Subject has been in grade since 21 April 1952.</b>			
B. REQUESTED BY (Name and title) <b>JOHN M. SCOTT, Chief, RT</b>		D. REQUEST APPROVED BY Signature: <b>Edward C. McKinnon</b> Title: <b>Asst. Dir. PIPO</b>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>2510</b>			
13. VETERAN PREFERENCE HONK <input type="checkbox"/> WHIL <input type="checkbox"/> OTHLR <input type="checkbox"/> S. P. <input type="checkbox"/> 10 / JOINT DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>CO-FI</b>	
15. SEX <input type="checkbox"/>	16. RACE <input type="checkbox"/>	17. APPROPRIATION FROM: TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. STANDARD FORM 50 REMARKS  <b>N</b>			
22. CLEARANCES		INITIAL OR SIGNATURE	DATE
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		<b>CCD</b>	<b>June</b>
E.			
F. APPROVED BY <b>Orville C. Dawson 4 June 1953</b>			

Mr. James S. Woods

25

1 June 1953

Washington, D. C.  
Intel. Anal.

FI/RI

GS-4  
GS-5

BV-469.08  
GS-4

BV-469.08  
GS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, GS-2, May 1950 to Jan. 1952  
GS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, GS-3, 21 April 1952 to 17 Aug. 1952  
GS-4, 17 Aug. 1952 to 16 March 1953  
DDP/FI/RI, Consolidation Section, Mail & File Clerk, GS-4, 16 March 1953 to present

  
Chief, RI



STANDARD FORM 52  
FORMS ISSUED BY THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1950 - FEDERAL PERSONNEL  
MANUAL, CHAPTER 20

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>James S. Woods</b>		2. DATE OF BIRTH <b>20 Feb 1928</b>		3. REQUEST NO.		4. DATE OF REQUEST <b>2 March 53</b>	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, expiration, etc.) <b>Reassignment</b>				6. EFFECTIVE DATE & PROPOSED:		7. C S OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				9. APPROVED: <i>15 March 53 Jha</i>			
FROM: <b>File Clerk BV-356</b> <b>GS-4-305 \$3175.00 pa</b> <b>DD/P/PI/RI</b> <b>Processing &amp; Records Branch</b> <b>File Section</b> <b>Washington, D.C.</b> <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		10. POSITION TITLE AND NUMBER 11. SERVICE, GRADE, AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL		TO: <b>Mail &amp; File Clerk BV-364.08</b> <b>GS-4-305 \$3175.00 pa</b> <b>DD/P/PI/RI</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b> <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
15. REMARKS (Use reverse if necessary) <b>From BV-356 to BV-364.</b>							
16. REQUESTED BY (Name and title) <b>JOHN M. SCOTT, Chief, RI</b>				17. REQUEST APPROVED BY Signature: <i>Edward C. McManis</i> Title: <i>for FI/DO</i>			
18. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)				19. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>			
20. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> TOTAL <input type="checkbox"/> SPT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		21. APPROPRIATION FROM: <i>11/2/50</i> <i>2309-20</i> TO:		22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	
24. SEX <input type="checkbox"/> 25. RACE <input type="checkbox"/>		26. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:					
27. STANDARD FORM 50 REMARKS							
28. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS	
A.							
B. CEN. OR POS. CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR ENPL.							
E.							
29. APPROVED BY <i>James H. Prsu - 3/6/53</i>							



PERSONNEL ACTION REQUEST				REGISTER NO.	
NAME James S. Woods			REQUESTED EFFECTIVE DATE 17 Aug 52		
NATURE OF ACTION Promotion			WHEN LEAVING (VOUCHERED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
FROM			TO		
TITLE File Clerk		X-39.04		File Clerk X-102.22	
GRADE AND SALARY GS-3-305 \$2950.00 per annum				GS-4-305 \$3175.00 per annum	
OFFICE OSO				OSO	
DIVISION RI				RI	
BRANCH AND SECTION Processing & Records Branch File Section				Analysis & Operations Branch Service & Correspondence Section	
OFFICIAL STATION Washington, D.C.				Washington, D.C.	
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>				DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>	
REMARKS: From X-39.04 to X-102.22 Subject has been in grade since 21 April 1952.  Approved: <i>John H. Leath</i> 31 July 52 Chief, RI					
RECOMMENDED:  <i>4 Aug 52</i> SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR AIAA OFFICER					
FOR USE OF PERSONNEL ONLY					
PLACEMENT DATE QUALIFICATIONS APPROVED			TRANSACTIONS AND RECORDS		
CLEARANCE REQUESTED			APPROPRIATION: 11X2100		
DATE TYPE			ALLOTMENT: 2309-00		
DATE TYPE			C S S ACTIVITY: <i>11X2100</i>		
DATE SIGNATURE			DATE SIGNATURE: <i>8-11-52</i>		
DATE SIGNATURE			SIGNATURE: <i>M. Leidy</i>		
CLASSIFICATION			PERSONNEL RELATIONS		
BUREAU NO. G. S. C. NO. DATE APPROVED			DATE SIGNATURE		
NEW VICE I. A. REAL			APPROVALS		
DATE SIGNATURE: <i>8/13/52</i>			DATE SIGNATURE: <i>7 Aug 52</i>		
EFFECTIVE DATE			SIGNATURE OF DIVISION CHIEF		

100000

21. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to 19 April 1952  
Fiscal Acct. Clerk GS - 3 \$2950.00 per annum  
SUPERVISOR: Miss Ryan  
U.S. Treasury Department  
Pennsylvania Avenue  
Washington, D.C.  
PLEASE FORWARD FILE AND LEAVE RECORD TO:

*See*  
*up*  
WOODS, JAMES S.

(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 20a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-51924-1

22. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO  
R. H. J. HUPKINS,  
CENTRAL INTELLIGENCE AGENCY  
2425 C STREET, N.W.  
WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to April 1952  
Fiscal Acct. Clerk GS 3 \$2950.00  
U.S. Treasury Dept.  
15th & Penna. Ave N.W.  
Washington D.C.

JAMES S. Woods  
(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 18a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-51924-2

Return to: EMPLOYING ORGANIZATION

George E. Helson  
2430 E Street N.W.  
Washington D.C.

BY 1130 was forwarded by your office  
in May 1952. Since this copy has been  
detached from our files it is re-  
quested that you forward a copy of  
same to the address at left.

*1/18 P.S.L.*

ENTRANCE ON DUTY NOTICE	
1. TO <b>OSO NY</b>	2. DATE <b>22 April 1952</b>
Notice of Final Processing of Applicant for Entrance on Duty	
3. NAME <b>JAMES E. Woods</b>	5. ENTRANCE SALARY <b>\$2950.00</b>
4. TITLE <b>T - File Clerk</b>	6. GRADE <b>GS - 3</b>
<p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p><b>Full - 26 March 1952</b>  <b>LT - 23 April at 3:00 P.M.</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <b>APR 30 1952</b> </div> <div style="display: inline-block; vertical-align: bottom; margin-left: 20px;"> <b>Frank C. Jarman</b>              PERSONNEL OFFICER           </div>	

FORM NO. 97-114  
JAN 1952

(4)

Date

APR 4 1952

MR. JAMES WOODS  
3605 MINN. AVE, SE  
CITY

Dear MR WOODS,

Your employment has been approved by this Agency at \$ 2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "E" Street, N. W., by telephone, Executive 6115, Extension 3693 of your exact reporting date.

Sincerely yours,

EJS APR 4 - 1952  
FRANK G. JAREMA  
Personal Division

Subject telephoned: 4-5-52 ; spoke with EJS  
(date)

Subject will EOD: 21 Apr 52 - New W/Treasury

SUBJECT WILL NOT EOD; Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not met  
4/8

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

22 March 1952

Mr. James S. Woods  
3505 Minnesota Avenue, S. E.  
Washington, D. C.

Dear Mr. Woods:

In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,

FRANK G. JAMES  
Personnel Division

# OUTGOING CLASSIFIED MESSAGE

PAGE NO. ....

## CENTRAL INTELLIGENCE AGENCY

DATE: <b>5 Mar 52</b>	ROUTINE <input type="checkbox"/> PRIORITY <input type="checkbox"/> URGENT <input type="checkbox"/>
FROM: <b>PDC</b>	(ORIGINATING OFFICER) (PHONE EXTENSION)
TRANSMIT TO: <b>MR. JAMES WOODS 2817 CONNECTICUT AVE., N. W. WASHINGTON, D. C.</b>	<i>see new address on route sheet</i> (CLASSIFICATION)

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

### TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750 PER ANNUM, SUBJECT  
SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE  
REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I"  
BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON,  
D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST,  
BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTEN-  
SION 3698 THE EXACT REPORTING DATE.

*Is now a  
98-3 (see last PHS)  
won't take a 98-2.  
for  
8 March*

*F. L. E. Gama*  
FRANK G. JAREMA

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION
----------------

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

20 February 1952  
In reply refer to ED-4

Mr. James Woods  
2317 Conn. Avenue N. W.  
Washington D. C.

Dear Mr. Woods:

This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,

  
Personnel Division

Enclosure

2 37-82  
1 Appand  
1 CUS

Please forward three passport size photographs at your earliest convenience.

m 0

CERTIFICATE OF ATTENDANCE

I certify that on APR 28 1952 I have attended  
the Agency Indoctrination Course specified by Regulation  
25-1.

James S. Woods  
(NAME)  
107406

8-30 11-5-52

FORM NO. 51-121  
DEC 1951

161

384

FORM NO. 37-115  
MAY 1950

*File  
WD*

TO: Medical Division  
FROM: Transactions & Records  
SUBJECT: Woods., James S.

Request that above named subject be given a physical examination.

POSITION: File Clerk

GRADE: GS - 3

BRANCH: OSD RI

SERVICE: SEPT.

NATURE OF APPOINTMENT: EXC.

*OK*  
*BOB*  
BOBBY DACEY  
ILLG.

FORM NO. 37-115  
MAY 1950



PERSONNEL ACTION REQUEST				REGISTER NO.
NAME <b>James S. HOODS</b>		REQUESTED EFFECTIVE DATE <b>APR 21 1952</b>		
NATURE OF ACTION <b>Excepted Appointment</b>		WHEN LEAVING (VOUCHERED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
FROM		TO		
TITLE		File Clerk <b>X-39.04-1</b>		
GRADE AND SALARY		GS-305-3 <b>\$2950.00</b>		
OFFICE		OSO		
DIVISION		RI		
BRANCH AND SECTION		Processing and Records Branch File Section		
OFFICIAL STATION		Washington, D.C.		
DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS: <b>(To P-39.04) gw</b>				
Approved: <b>John H. Scofield</b> Chief, RI <b>15 FEB 1952</b>				
RECOMMENDED: <b>15 Feb 52</b> (DATE)				
FOR USE OF PERSONNEL ONLY TRANSACTIONS AND RECORDS APPROPRIATION: <b>2123400</b> ALLOTMENT: <b>3009</b> C. S. C. AUTHORITY: <b>Sch A.G. 116 (8)</b>				
PLACEMENT DATE QUALIFICATIONS APPROVED: <b>James H. Powell</b>		DATE SIGNATURE: <b>21 Apr 52</b> SIGNATURE: <b>Marjorie P. O'Leary</b>		
CLEARANCE REQUESTED DATE TYPE DATE TYPE		PLACEMENT SIGNATURE DATE SIGNATURE: <b>Per 2</b>		
CLASSIFICATION BUREAU NO. C. S. C. NO. DATE APPROVED		APPROVAL DATE SIGNATURE OF APPROVING OFFICER		
PLAN NO. PRICE L.A. REAL		SIGNATURE OF APPROVING OFFICER <b>Apr 52</b> <b>L. Goodhart</b>		
DATE SIGNATURE <b>27 Feb</b> <b>Wingard P. Bunker</b>				
EFFECTIVE DATE				

REQUEST FOR SECURITY CLEARANCE				REQUEST NO.	
				H-3007A	
				DATE	
				10 FEB 52	
FULL NAME (Last)		FIRST (First)		YEAR OF BIRTH	
WOLFE, JAMES		CANNON		1928	
POSITION TITLE				GRADE	
FILE CLERK				GS-3	
LOCATION (OFFICE)		CODE		DIVISION	
000				SEC. SEC	
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
A. H. J. C.					
TYPE OF EMPLOYEE					
1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHERS					
FUNDS					
<input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input checked="" type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)					
<input checked="" type="checkbox"/> SECRET					
<input checked="" type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
D ST. POOL					
AVAILABILITY DATE (DD-MO-YR)		EST. CLEARANCE DATE (MO-YR)		RECRUITMENT SOURCE	
SEX AND VETERAN STATUS		1. <input checked="" type="checkbox"/> M-V		3. <input type="checkbox"/> F-V	
		2. <input type="checkbox"/> M-NV		4. <input type="checkbox"/> F-NV	
REMARKS:					
SECURITY INITIATED BY NORTH. SUPERSEDED ACTION OF 1/5/52.					
CHANG OF OFFICE, DIVISION & BRANCH.					
Attachments:					
FIS					
Append. I					
Photos.					
FRANK O. JAMES				SIGNATURE	
FNO				DISPATCH	

## Office Memorandum • UNITED STATES GOVERNMENT

TO :

Jensen

DATE: 8 Feb. 1952

FROM :

SUBJECT:

WOODS, JAMES

In Process as GS2 Clerk. He wants accounting clerk eventually, but there are no openings at present, & we have two other - better qualified - accounting clerks in process in reserve at present.

Possibility for microfilm trainee?

W. H. Langford

P.O.  
12-26

MP

2817 Conn. Ave. N.W.

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

James Schulte

REQUEST FOR SECURITY CLEARANCE						REQUEST NO.	
						DATE 11-2007	
FULL NAME (Last)		(First)		(Middle)		YEAR OF BIRTH	
MOORE		JAMES		DAVID		1908	
POSITION TITLE				GRADE			
Clerk				GS-2			
LOCATION (OFFICE)		CODE	DIVISION	CODE	BRANCH	CODE	
Personnel			Personnel (0)		Personnel Pool		
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)							
Washington, D. C.							
TYPE OF EMPLOYEE 1. <input type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY							
5. <input type="checkbox"/> OTHER: NA							
FUNDS <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED							
TYPE(S) OF SECURITY CLEARANCE REQUESTED							
<input type="checkbox"/> PROVISIONAL POOL (Show name of pool or group)							
D. Street Pool							
<input type="checkbox"/> SECRET							
<input type="checkbox"/> FULL							
<input type="checkbox"/> WAIVER							
AVAILABILITY DATE (DD-MO-YY)		EST. CLEARANCE DATE (MO-YY)		RECRUITMENT SOURCE		CODE	
						01	
SEX AND VETERAN STATUS 1. <input type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV							
REMARKS:							
<div style="text-align: right;"> <i>Moore 1-17-52</i> </div>							
Attachments:				JOSEPH D. RAGAN <i>co</i>			
FMS				Chief, Personnel Division			
Append, I				DIVISION			
Photos.							

FORM NO. 37-104  
JUN 1951

SECURITY INFORMATION

(1)

5 January 1952

Mr. James S. Woods  
2017 Conn. Ave. N. W.  
Washington, D. C.

Dear Mr. Woods:

You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary ~~\$2150.00~~ per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,

Joseph B. Ragan *JBR*  
Chief, Personnel Division

REQUEST FOR SECURITY CLEARANCE				SECURITY INFORMATION		REQUEST NO.	DATE
FULL NAME (Last) (First) (Middle)				YEAR OF BIRTH			
WOODS, JAMES SAUVIE				1928			
POSITION TITLE				GRADE		CODE	
CLERK				GS2			
LOCATION (OFFICE)		CODE	DIVISION	CODE	BRANCH	CODE	
POOL							
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)							
TYPE OF EMPLOYEE 1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY							
5. <input type="checkbox"/> OTHER:							
FUNDS: <input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED							
TYPE(S) OF SECURITY CLEARANCE REQUESTED							
<input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)							
<input checked="" type="checkbox"/> SECRET							
<input checked="" type="checkbox"/> FULL							
<input type="checkbox"/> WAIVER							
AVAILABILITY DATE (dd-mo-yr)		EST. CLEARANCE DATE (mo-yr)		RECRUITMENT SOURCE		CODE	
1/5						01	
SEX AND VETERAN STATUS		1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV		3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV			
REMARKS:							
<p>89 to Med. Sec 1/5</p> <p>Attachments: FHS</p> <p>Append. I <input type="checkbox"/></p> <p>Photos. <input type="checkbox"/></p> <p>CONFIDENTIAL</p> <p>SECURITY INFORMATION</p> <p>SIGNATURE: <i>W. H. Langford</i></p> <p>DIVISION: _____</p>							

# Office Memorandum • UNITED STATES GOVERNMENT

TO : File

DATE: 3 January 1952

FROM :

SUBJECT: James S. Woods

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted military furlough and after his discharge. However, she stated that Mr. Woods had been a very satisfactory employee and there was nothing derogatory in his file.

L. E. BLAIS



CONFIDENTIAL

REPORT OF INTERVIEW			THIS DATE
NAME <b>James Savvie Woods</b>		REFERRED BY	
HOME ADDRESS <b>2817 Conn. Ave., N. W. Wash., D. C.</b>		TELEPHONE <b>AD 8430</b>	
BUSINESS ADDRESS <b>Treasury</b>		TELEPHONE <b>EX 6400 x2612</b>	
DATE OF BIRTH <b>2:20:1928</b>	PLACE OF BIRTH <b>Forest River, N. D.</b>	CITIZENSHIP (HOW ACQUIRED) <b>US</b>	
NAME OF SPOUSE <b>none - no expectations</b>			
DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)	
SALARY REQUESTED <b>GS-2</b>	NO. OF DEPENDENTS <b>none</b>	INTERVIEWER <b>WM. J. BINGHAM</b>	
EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES)			
<b>Hadlich's Bus. Sch. Diploma in fr. accounting</b>			
MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS)			
<b>Present- Treasury Dept. I/A attached</b>			
MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS)			
<b>Oct 3, 1946 Apr 12, 1948</b>			
<b>Oct 19, 1950 Aug 7, 1951</b>			
<b>Pfc (Infantry)</b>			

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HQ HIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-1 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN:

☐ PHS

☐ MEDICAL

☐ RESERVE

WILLIAM J. BINGHAM

SIGNATURE OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division  
Central Intelligence Agency  
2430 "E" Street, N. W.  
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of James S. Woods

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.

2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~transfer~~ release.

J. G. Grubb  
(Signature)

Acting Personnel Officer  
(Title)

Bureau of Accounts  
Treasury Department  
(Agency)

Contact for Further Information:

Frances C. Murphy  
(Name) Employee Relations Officer

Code 172, Extension 2628  
(Telephone)

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHY

BIOGRAPHIC PROFILE

SECRET

Handle With Care

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 12 May 1975	FILE NO. 2542
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, CP	CS NUMBER 502-16-6806	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP	EMPLOYEE NUMBER 010032	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) CCS	ID CARD NUMBER	
ATTN:	CHIEF ADMIN STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	VERBAL REQUEST		
SUBJECT	WOODS, James S.	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE		<input checked="" type="checkbox"/> EFFECTIVE DATE: 200	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2 TO BE ISSUED. (HNB 20-11)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 2 (HNB 20-7)	
SUBMIT FORM 3254 (HNB 20-11)		EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II <input type="checkbox"/>	
SUBMIT FORM 1322 FOR ANY CHANGE IN COVER. (HR 240-2*)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*)		DO NOT WRITE IN THIS SPACE	
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Apr52-Aug54 IIQS/Overt			
Aug54-Nov56 Korea and Japan/DAC			
Nov56-Aug57 IIQS/Overt			
Aug57-Feb59 Philippines/DAC			
Feb59-Mar61 IIQS/DAC			
Mar61-Jan67 Japan/DAC			
Jan67-Oct68 IIQS/STATE-NOM			
Oct68-Nov70 London/DAC			
Nov70-Jun71 IIQS/DAC			
Jun71-Aug73 Rome-STATE-NOM			
Aug73-Present Overt			
COPY 1 - CD OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/BRACD COPY 4 - OC-OO/TED COPY 5 - CFS-FILE		EDF:JP	

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

FORM 1551 USE PREVIOUS EDITION

SECRET

E2 IMPDET CL BY 07622

(10-20-63)

SECRET

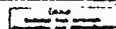
NOTIFICATION OF ASSIGNMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO.
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:	OFFICIAL COVER	ESTABLISHED
REF:		DISCONTINUED
SUBJECT		UNIT
<p><b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b></p>		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TO _____		SUBMIT FORM 3254 TO BE ISSUED (NR 20-11)
SUBMIT FORM 642 FOR ANY CHANGE AFFECTING THIS COVER. (NR 20-11)		SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)
SUBMIT FORM 3254 TO BE ISSUED. (NR 20-11)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)		DO NOT WRITE IN THIS BLOCK
EAA, CATEGORY I		CATEGORY II
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY		
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHACO COPY 4 - GL/TFB COPY 5 - CCS-FILE		J. J. Franklin CHIEF, OFFICIAL COVER; CENTRAL COVER STAFF

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 10 May 1971	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION	FILE NUMBER 2542	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 010032	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN: EUR/Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/>	BACKSTOP ESTABLISHED
REF: Form 1413 dated 6 May 1971				DISCONTINUED
SUBJECT WOODS, James S.		UNIT Department of State		
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>				
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____			DATE _____	
B. CONTINUING AS OF From EOD				
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT <u>State</u> W-2 BEING ISSUED. (HNB 20-12)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-20)			
<input type="checkbox"/>	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY				
Apr 52 - Aug 54 - Headquarters - Overt Aug 54 - Nov 56 - Korea/Japan - DAC Nov 56 - Aug 57 - Headquarters - Overt Aug 57 - Feb 59 - Philippines - DAFG Feb 59 - Mar 61 - Headquarters - DAFG Mar 61 - Jan 67 - Japan - DAC Jan 67 - Oct 68 - Headquarters - Nom State Oct 68 - Nov 70 - London - DAC Nov 70 - June 71 - Headquarters - DAC June 71 - Rome - Nom State				
DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - O/OB COPY 4 - OL/TELETYPE COPY 5 - SP COPY 6 - CCS - FILE		RF:km <i>James A. Franklin</i> CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF		

FORM 1551 USE PREVIOUS EDITIONS  
12-70

SECRET



(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA 12 November 1970
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 0542
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 16032
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER 740-542
ATTN: EME/ Chief Support Staff		OFFICIAL COVER <input checked="" type="checkbox"/> BACKSTOP ESTABLISHED
REF: Form 1322		<input type="checkbox"/> DISCONTINUED
SUBJECT: WOODS, James S.		UNIT: Records Analysis Group

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (DDP 20-000.11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (DDP 20-000.11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE (no. of COB) _____	
B. CONTINUING AS OF COB _____ AUG 57			
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RNB 20-7)	<input type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RNB 20-7)
<input checked="" type="checkbox"/>	ASCERTAIN THAT <u>Army</u> W-2 BEING ISSUED. (RNB 20-11)	<input type="checkbox"/>	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a)		
<input type="checkbox"/>	SUBMIT FORM 2608 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD		

REMARKS AND/OR COVER HISTORY

Apr 52-Aug 54 Hqs Overt  
 Aug 54-Nov 56 Korea and Japan DAC  
 Nov 56-Aug 57 Hqs Overt  
 Aug 57-Feb 59 Philippines DAPC  
 Feb 59-Mar 61 Hqs DAPC  
 Mar 61-Sep 64 Japan DAC and DAPC  
 Sep 64-Jan 67 Hqs State Mon  
 Jan 67-Oct 68 Vietnam State Mon  
 Oct 68-Nov 70 England DAC  
 Nov 70 Hqs DAC

DISTRIBUTION: COPY 1 - HQ  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - 20-000  
 COPY 4 - 20-000  
 COPY 5 - 20-000  
 COPY 6 - 20-000

HC  
 HC/pt

*James H. Franklin*

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

FORM 1551

SECRET

112 20-431



SECRET

6 Mar 59

File: 2512

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT: James Savie WOODS

1. Cover arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked ~~to deny~~ to deny ~~Subject's~~ Subject's current Agency employment to an external inquirer.

3. This memorandum confirms an oral request of 6 Mar 59 by Mr. E. C. Davies, Room 1608 "L" Building, Extension 2420.

*Paul P. Starn*  
for HARRY W. LITTLE, JR.  
Chief, Central Cover Division

cc: SSD/OS

SECRET  
REMAIN  
FORM 1580a  
UN FILE

(4-13-40)

SECRET

DEC 5 1956  
(Date)

MEMORANDUM FOR: Chief, Records & Services Division  
Office of Personnel

THROUGH : Security Support Division  
Office of Security

SUBJECT : James S. WOODS

1. Cover arrangements have been completed for the above named subject who will be visiting a foreign country for a \_\_\_\_\_ day TDY trip.

2. Effective this date, it is requested that your records be properly ~~XXXXXX~~ (re-opened) to ~~XXXX~~ (acknowledge) subject's current Agency employment by an external inquirer.

*Edward J. Boston*  
JOSEPH N. LEANE  
Chief, Official Cover & Liaison, CCB

CC: SSD/CS

THIS INFO MUST REMAIN  
ON TOP OF FILE  
SECRET

*JP*  
*12-11-56*

SECRET  
(When Filled In)

variable data

RMR 080878

## NOTIFICATION OF PERSONNEL ACTION

OFF

1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WOODS JAMES S</b>	
3. NATURE OF PERSONNEL ACTION <b>RETIREMENT (VOLUNTARY)</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
4. EFFECTIVE DATE <b>08 04 78</b>		6. CSC OR OTHER LEGAL AUTHORITY	
7. FUNDS <b>V TO V</b>		8. CF TO V	
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/INS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11. POSITION TITLE <b>RECORDS ADMIN OFF NE</b>		12. POSITION NUMBER <b>CG45</b>	
13. CLASSIFICATION SCHEDULE (GS, WS, etc.) <b>GS</b>		14. OCCUPATIONAL SERIES <b>0344.01</b>	
15. GRADE AND STEP <b>13 2</b>		16. SALARY OR RATE <b>26889</b>	
17. REMARKS			

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

9. ACTION CODE <b>45</b>		20. EMPLOY CODE <b>10</b>		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MODAL CODE		25. DATE OF SRM MO DA YR <b>02 20 78</b>		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA CSC CIA AIA MONS		31. SEPARATION DATA CODE		32. CORRECTION/CONCILIATION DATA		33. SECURITY REQ NO		34. SEX		35. VET PREFERENCE CODE 0 NONE 1 SP 2 PI		36. LEAVE COMP DATA MO DA YR	
37. LONG COMP DATA MO DA YR		38. CAREER CATEGORY CARE BRI PROV UW		39. FEEDBACK HEALTH INSURANCE CODE 0 NONE 1 YES		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS 3 BREAK IN SERVICE MORE THAN 3 YRS		42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO		44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO		45. STATE CODE	

SIGNATURE OR OTHER AUTHENTICATION

JLS

tel

**SECRET**  
(When Filled In)

153078

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WOODS JAMES S</b>	
3. RESULT OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE MO DA YR <b>04 09 78</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	7. V TO V CF TO V	7. PAN AND NSCA <b>8026 3430 0000 50 USC 403 J</b>	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT</b>		10. LOCATION OF OFFICIAL STATION <b>WASH. D.C.</b>	
11. RECORDS ADMIN OFF NE		12. POSITION NUMBER <b>CG45</b>	13. SERVICE DESIGNATION <b>DCC</b>
14. CLASSIFICATION SCHEDULE (GS, WG, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0344.01</b>	16. GRADE AND STEP <b>13 2</b>	17. SALARY OR RATE <b>26889</b>
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>53740</b> ALPHABETIC <b>IMS</b>	22. STATION CODE <b>75013</b>
23. DATE OF BIRTH MO DA YR <b>02 20 28</b>	24. DATE OF GRADE MO DA YR	25. DATE OF LET MO DA YR	26. SECURITY REQ NO
27. RETIREMENT DATA 1. CSC 2. CUA 3. FICA 4. NCAS	28. SEPARATION DATA CODE TYPE	29. CORRECTION / CANCELLATION DATA MO DA YR	30. SOCIAL SECURITY NO
31. VET PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CARRIER CATEGORY
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE	36. LEAVE CAT CODE	37. FEDERAL TAX DATA FORM EXEMPTED 1. YES 2. NO	38. STATE TAX DATA FORM EXEMPTED 1. YES 2. NO
39. SIGNATURE OR OTHER AUTHENTICATION  <b>FROM: NE</b>			

FORM 1141  
5-74 (MAY 78)

Use Previous  
Edition

**SECRET**

GPO: 1977 O-307-022 (4-77)

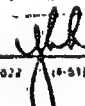
**SECRET**  
(When Filled In)

OCF

B

### NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WOODS JAMES S</b>	
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>		4. EFFECTIVE DATE MO DA YR <b>03 12 78</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	7. TAN AND NSCA	8. CSC OR OTHER LEGAL AUTHORITY	
V TO V	V TO CF	8033 4800 0000 50 USC 403 J	
CF TO V	CF TO CF		
9. ORGANIZATIONAL DESIGNATIONS  <b>DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF</b>		10. LOCATION OF OFFICIAL STATION  <b>WASH., D.C.</b>	
11. POSITION TITLE  <b>RECORDS ADMIN OFF</b>		12. POSITION NUMBER <b>CG45</b>	13. SERVICE DESIGNATION <b>DCC</b>
14. CLASSIFICATION SCHEDULE (GS, WO, etc) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0344.01</b>	16. GRADE AND STEP <b>13 2</b>	17. SALARY OR RATE <b>26889</b>
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>22</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING ALPHABETIC <b>46075 NE</b>	22. STATION CODE <b>75013</b>
23. INTEGRAL CODE	24. MONTH CODE <b>1</b>	25. DATE OF BIRTH MO DA YR <b>03 20 28</b>	26. DATE OF GRADE MO DA YR <b>03 13 78</b>
27. DATE OF LEI MO DA YR <b>03 13 78</b>	28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSC 2. CIA 3. NSA	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE	32. CORRECTION/CONCILIATION DATA TYPE	33. SECURITY REQ NO	34. SEX
35. VET PREFERENCE CODE 0. NONE 1. 5 YR 2. 10 YR	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE CAR B154 PROV UNP
39. FEGLI/HEALTH INSURANCE CODE 0. WALKER 1. YES	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO DEDUCT IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS	42. HEART CAT CODE
43. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO	44. STATE TAX DATA FORM EXECUTED 1. YES 2. NO	45. STATE CODE	46. STATE CODE
SIGNATURE OR OTHER AUTHENTICATION			
<div style="text-align: right;"> <b>MAILED 22 1978</b>   </div>			

FORM 1150  
574 May 10 78

Use Previous  
Edition

**SECRET**

82 IMPDET CL BY 00722 (1-51)

1	SERIAL NO	2	NAME	3	ORGANIZATION	4	FUNDS	5	LWOP HOURS
	010032		WILLIAM JAMES		115				
6	OLD SALARY RATE			7	NEW SALARY RATE			8 TYPE ACTION	
	Grade	Step	Salary		Grade	Step	Salary	EFFECTIVE DATE	WCI QSI ADJ.
			24070				24799	11/20/77	
	12	6	52		11	5	52	11/20/77	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Auth</i>								DATE 15 Sept 1977	
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS <i>WILLIAM JAMES</i> BY <i>pk</i>									
FORM 10-73 560E Use previous editions PAY CHANGE NOTIFICATION (4 51)									

NEW 3 SEP 77

LJF 110977

SECRET  
(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 010032		2. NAME (LAST FIRST MIDDLE) WOODS JAMES S	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND CANCELLATION OF NSCA		4. EFFECTIVE DATE MO DA YR 07 11 77	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF CF TO CF	7. PAN AND NSCA 3033 4801 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE RECORDS ADMIN OFF		12. POSITION NUMBER CG45	13. SERVICE DESIGNATION DCC
14. CLASSIFICATION SCHEDULE (GS, WG, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE 24070

18. REMARKS  
THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77.

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 48075 ALPHABETIC NE	22. STATION CODE 75013	23. INTERVIEW CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR 02 20 28	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSC 2. CIA 3. FICA 4. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. Cancellation Data TYPE MO DA YR	EOD DATA		33. SECURITY REG. NO.	34. SEX
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR BESV BROV JUMP	39. PEOU / HEALTH INSURANCE CODE 0 - WA-VER 1 - YES	HEALTH INS. CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 5 YRS) 3 - BREAK IN SERVICE (MORE THAN 5 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX EXEMPT		STATE CODE		

FROM: CCS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

NOV 18 1977

ALL

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
WOODS JAMES S	0010032	CCS	GS 12 4	\$24,070

15648



KKK: 22 JULY 76

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT - CHANGE OF HOME BASE						07   13   76		REGULAR			
6. FUNDS		7. PAN AND NOCA		8. CSC OR OTHER LEGAL AUTHORITY							
X		V TO V		V TO CF		T230-0118		0002		50 USC 403 J	
CF TO V		CF TO CF									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDO/CCS REGISTRY						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN OFF CH						BL 44		DCC			
14. CLASSIFICATION SCHEDULE (OS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		12 4		21324			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. RIGHTS CODE	
37		10		39115 CCS		75013		1		02   20   28	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE	
MO DA YR		MO DA YR		MO DA YR		1 2 3 4 5 6 7 8 9 10 11 12		CODE		TYPE	
MO DA YR		MO DA YR		MO DA YR		1 2 3 4 5 6 7 8 9 10 11 12		CODE		TYPE	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FEGLI - HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		CODE		CODE		CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE		CODE		CODE		CODE					
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12					
SIGNATURE OR OTHER AUTHENTICATION											
[Signature]											

AEO:13 AUG 76

SECRET  
(When Filled In)

OCCF										NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 010032					2. NAME (LAST FIRST-MIDDLE) WOODS JAMES S														
3. NATURE OF PERSONNEL ACTION CHANGE OF FAN										4. EFFECTIVE DATE 08 09 76					5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS X V TO V CF TO V					7. FAN AND NSCA T230 0130 0002					8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS DDO/GCS REGISTRY										10. LOCATION OF OFFICIAL RESIDENCE WASH., D.C.									
11. POSITION TITLE RECORDS ADMIN OFF CH										12. POSITION NUMBER BL44					13. SERVICE DESIGNATION DCC				
14. CLASSIFICATION SCHEDULE (GS, 18, etc.) GS					15. OCCUPATIONAL SERIES 0344.01					16. GRADE AND STEP 12 4					17. SALARY OF RATE 21324				
18. REMARKS																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING HUMAN RESOURCES 39115 CCS				22. STAT. CODE 73013		23. INTEREST CODE 1		24. WORTH CODE 02		25. DATE OF BIRTH 20 22		26. DATE OF GRADE NO DA YE		27. DATE OF ICI NO DA YE	
28. MTR EXPIRES NO DA YE		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 CSC 2 CUB 3 FICA 4 SOCIAL				31. SEPARATION DATA CODE 1111		32. Continuation / Continuation Date NO DA YE		33. SECURITY REG NO.		34. SEX		EOD DATA			
35. PFT PREFERENCE CSCA 1 NO 2 YES		36. SERV COMP DATE NO DA YE		37. LONG COMP DATE NO DA YE		38. CAREER CATEGORY CSCA 1 YES 2 NO		39. FEDERAL TAX DATA CSCA 1 YES 2 NO		40. HEALTH INSURANCE CSCA 1 YES 2 NO		41. SOCIAL SECURITY NO.							
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE 1 NO PREVIOUS SERVICE 2 NO SERVED IN SERVICE 3 SERVED IN SERVICE (1955 FROM 3 YES) 4 SERVED IN SERVICE (1955 FROM 3 YES)				43. LEAVE CAT CODES		44. FEDERAL TAX DATA CSCA 1 YES 2 NO		45. STATE TAX DATA CSCA 1 YES 2 NO											
SIGNATURE OR OTHER AUTHENTICATION																			
<div style="text-align: right;"> <b>POSTED</b>    AUG 1976 </div>																			

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WILKS JAMES S</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE MO DA YR <b>01 23 76</b>		5. CATEGORY OF EMPLOYMENT
6. FUNDS	V TO V		V TO CF	7. FAN AND NSCA <b>6230 0118 0002</b>	
	CF TO V		CF TO CF		
9. ORGANIZATIONAL DESIGNATION <b>DCD/CCS</b>			10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>		
11. POSITION TITLE <b>RECORDS ADMIN OF CH</b>			12. POSITION NUMBER <b>6144</b>		13. CAREER SERVICE DESIGNATION <b>DAC</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>12</b>	
17. SALARY OR RATE					
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					
<div style="text-align: right;"> <b>30</b>  </div>					

010032		39 115		GS 12 3		20,678		11/24/74		GS 12 4		21,321		11/23/75	
OLD SALARY RATE		NEW SALARY RATE		EFFECTIVE DATE		SI		ADJ		CERTIFICATION AND AUTHENTICATION		I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE		DATE	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ	SIGNATURE		DATE		12 Sept 1975	
GS 12	3	20,678	11/24/74	GS 12	4	21,321	11/23/75			NO EXCESS (WOP)		IN PAY STATUS AT END OF WAITING PERIOD		IWOP STATUS AT END OF WAITING PERIOD	
CLERKS INITIALS															
FORM 7-66 560E Use previous editions PAY CHANGE NOTIFICATION (4-511)															

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WELLS JAMES S	010032	39	115	V GS 12 4	\$22,485

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

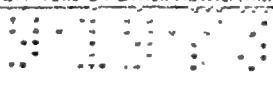
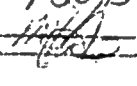
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WELLS JAMES S	010032	39	115	V GS 12 3	\$20,678

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WOODS JAMES S</b>									
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>						4. EFFECTIVE DATE MO DA YE <b>11 24 74</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
FUNDS		<input checked="" type="checkbox"/> V TO V		<input type="checkbox"/> V TO CF		7. FAN AND NSCA <b>5230 0121 0002</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403</b>			
		<input type="checkbox"/> CF TO V		<input type="checkbox"/> CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS <b>DDC/CCS REGISTRY</b>						10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>					
11. POSITION TITLE <b>RECORDS ADMIN. GE. CH.</b>						12. POSITION NUMBER <b>0081</b>		13. SERVICE DESIGNATION <b>DAC</b>			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>				15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>12 3</b>		17. SALARY OR RATE <b>19083</b>			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE <b>22</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>22115 CCS</b>		22. STATION CODE <b>75043</b>	23. INTEGREE CODE <b>1</b>	24. DATE OF BIRTH MO DA YE <b>02 29 29</b>		25. DATE OF GRADE MO DA YE <b>11 24 74</b>		26. DATE OF LST MO DA YE <b>11 24 74</b>	
27. NTE EXPIRES MO DA YE <b>11 24 74</b>		28. SPECIAL REFERENCE <b>1 - CSC 2 - CUP 3 - TCA 4 - NONE</b>		29. RETIREMENT DATA CODE <b>1</b>		30. SEPARATION DATA CODE <b>1</b>		31. Correction / Cancellation Data TYPE MO DA YE <b>1 11 24 74</b>		32. SECURITY REQ NO <b>1</b>	
33. VET PREFERENCE CODE <b>1 - NONE 2 - 5 PT 3 - 10 PT</b>		34. SERV COMP DATE MO DA YE <b>11 24 74</b>		35. LONG COMP DATE MO DA YE <b>11 24 74</b>		36. CAREER CATEGORY CNA BSV CODE <b>1 1 1</b>		37. PFCU / HEALTH INSURANCE CODE 0 WAYER 1 YES <b>1 1</b>		38. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE <b>1 - NO PREVIOUS SERVICE 2 - BEARS IN SERVICE (LESS THAN 3 YRS) 3 - BEARS IN SERVICE (MORE THAN 3 YRS)</b>				42. LEAVE CAT CODE <b>1</b>		43. FEDERAL TAX DATA FORM EXECUTED CODE NOT TAX EXEMPTIONS <b>1 - YES 2 - NO</b>		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS STATE CODE <b>1 - YES 2 - NO</b>			
SIGNATURE OR OTHER AUTHENTICATION											
										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b> DEC 3 1974  </div>	

BBG: 19 SEPT 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
010032		WOODS JAMES S									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA						09 10 73		REGULAR			
6 FUNDS		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY		9 ORGANISATIONAL DESIGNATION		10 LOCATION OF OFFICIAL STATION			
X		4230 0121 0002		50 USC 403 J		DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC		WASH., D.C.			
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION			
RECORDS ADMIN OF CH						0061		D			
14 CLASSIFICATION SCHEDULE (NSC 18-2)				15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS				0344.01		11 6		16326			
18 REMARKS											
W-2 INFO: CIA											
HOME BASE: SS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMP CODE	21 SERVICE CODING	22 STATION CODE	23 INTEREST CODE	24 PRIORITY CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LER			
16	10	35160 - CCS	75013		1	02 20 28					
28 INT EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION / CANCELLATION DATE	EOD DATA			33 SECURITY REQ NO	34 SER		
XX XX XX											
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEA / CAT CODE	43 FEDERAL TAX DATA			44 STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
FROM: EUR											
<div style="text-align: center;">  </div>											
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>            9-20-73   </div> </div>											

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5335 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	39	115	V GS 11 6	\$19,061

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

WOODS JAMES S

010032

42300121

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	39	115	V GS 11 6	\$17,116

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES	010032	44	750	CF GS 10 7	\$15,331

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM  
7 JAN 1973 TO 1 OCT 1972 U.S.C. 5305 EXECUTIVE ORDER  
11777, DATED 12 APR 1974.



SECRET

(When Filled In)

LML: 13 FEB 73

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						02 04 73		REGULAR			
A. FUNDS		V TO V		V TO OF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO OF		3135 1267 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUROPEAN DIVISION FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH						ROME, ITALY					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OF						0699		D			
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		11 6		16326			
18. REMARKS											
HOME BASE: IS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERNAL CODE		24. INDICATOR	
22		10		44750 EUR		36533				3	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
02 03 74		02 04 73		02 04 73		02 03 74		02 04 73		02 04 73	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SECURITY DATA CODE		35. CONSENT OR CONSENTION DATA		36. SECURITY REQ NO	
02 03 74		81								EOD DATA	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. DUTY CATEGORY		41. LEGAL/HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
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100. YES		100. YES		100. YES		100. YES		100. YES		100. YES	

FORM 56a

11-0  
May 11 71Use Previous  
Edn's

SECRET

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POSTED

CAUTION  
To avoid loss of information  
please keep this  
in safe place

When Filled In

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND  
EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR	STEP	NEW SALARY
WOODS JAMES S	010032	44	750	CP	GS 10 7	\$14,581



ARS: 11 MARCH 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CHANGE OF FAN				02 18 71		REGULAR					
6. FUNDS		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY							
X		1236 1186 0000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
OJP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION			
RECORDS ADM OFFICER				9957				D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP			
GS				0344.01				10 7			
17. SALARY OR RATE				13b21							
18. REMARKS											
OTHER											
HOME BASE: EUR											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. PRIORITY CODE	
37		16		NUMERIC ALPHABETIC 44997 EUR		75013					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
02 20 28						02 20 28					
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LEI		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LEI	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LEI		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LEI	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LEI		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LEI	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LEI		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LEI	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LEI		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LEI	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LEI		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LEI	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LEI		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LEI	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LEI		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LEI	
79. DATE OF BIRTH		80. DATE OF GRADE		81. DATE OF LEI		82. DATE OF BIRTH		83. DATE OF GRADE		84. DATE OF LEI	
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439. DATE OF BIRTH		440. DATE OF GRADE		441. DATE OF LEI		442.					

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"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND  
EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	44	997	V GS. 10 7	\$13,821

ARS: 27 JAN 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
OKF									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
010032		WOODS JAMES S							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS-CORRECTION				01   10   71		REGULAR			
6. FUNDS		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY					
X		1234 1186 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OFFICER				9997		D			
14. CLASSIFICATION-SCHEDULE (GS, LR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0344.01		10 7		13821			
18. REMARKS									
THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. HOURS CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
58	18	44397 EUR		75013			02 20 28		
29. NTE EXP RES		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction/Conciliation Done	33. SECURITY REQ NO		34. SEA	
				16	12 13 70	EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE	38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  1-29-71 <i>Wm</i> </div>									

(When Filled In)

ALL: 11-11-70

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
010032		WOODS JAMES S															
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS										NO. DA. YR. 12 13 70		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY									
X		CF TO V		CF TO CF		1236 1186 0000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION							
DDP/EUR DEVELOPMENT. COMPLEMENT										WASH., D.C.							
11. POSITION TITLE										12. POSITION NUMBER		13. SERVICE DESIGNATION					
RECORDS ADM OFF										9997		D					
14. CLASSIFICATION SCHEDULE (OS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0344.01		10 7		13041									
18. REMARKS																	
OTHER																	
HOME BASE: EUR																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. PAYMENT CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST	
16		18		44597 EUR		75013				1		2 20 20					
28. TIME EMPLOYED		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. COMMERCIAL RESERVATION DATA		33. SECURITY DATA		34. SEN					
NO. DA. YR.				1. COL 2. CIL 3. PLA 4. HONOR		CODE		YES NO DA. YR.		YOU DATA		YES NO					
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. REGU/HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO. DA. YR.		NO. DA. YR.		EAD NO. DA. YR.		CODE YES NO		YES NO DA. YR.		HEALTH INS CODE					
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA											
CODE		NO. DA. YR.		CODE		NO. DA. YR.		CODE YES NO		CODE YES NO		CODE YES NO		CODE YES NO		CODE YES NO	
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS.) 4. BREAK IN SERVICE (MORE THAN 3 YRS.)		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION																	
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FOSTED

12-17-70

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP MONTHS	
010032		WOODS JAMES S.		44 525		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADD
GS 10	6	\$12,679	07/28/68	GS 10	7	\$13,041	07/26/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>[Signature]</i>						6/23/70			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
Clerk's INITIALS				APPROVED BY					
[Initials]				[Signature]					
FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)									

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	44	525	CF GS 10 6	\$12,679

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1949

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	44	525	CF GS 10 7	\$11,942



SECRET

(When Filled In)

4 NOV 68

## NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 010032		2. NAME (LAST FIRST MIDDLE) WOODS JAMES S	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 11 04 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 9136 1214 0000
	X		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD BRITISH COMMONWEALTH REGION LONDON STATION SUPPORT BRANCH REGISTRY SECTION		10. LOCATION OF OFFICIAL STATION LONDON, ENGLAND	
11. POSITION TITLE RECORDS ADM OF		12. POSITION NUMBER 0254	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (OS, IS, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 10 6	17. SALARY OR RATE 10847
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABET 44525 EUR	22. STATION CODE 21025
23. INTEGREE CODE 3	24. DATE OF BIRTH MO DA YR 02 20 28	25. DATE OF GRADE MO DA YR	26. DATE OF LET MO DA YR
27. DATE EXPIRES MO DA YR 11 03 70	28. SPECIAL REFERENCE 83	29. SEPARATION DATA CODE TYPE	30. CORRECTION / CANCELLATION DATA MO DA YR
31. VET PREFERENCE 0 NONE 1 5 YR 2 10 YR	32. SERV COMP DATE MO DA YR	33. LONG COMP DATE MO DA YR	34. CAREER CATEGORY CAR BRN CODE PROB TEMP
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NOT PREVIOUS SERVICE 2. NOT BRN IN SERVICE 3. BRN IN SERVICE (DISQUALIFIED 105) 4. BRN IN SERVICE (NOT DISQUALIFIED 105)	36. LEAVE CAT CODE	37. FEDERAL TAX DATA TAX EXEMPTED 1 YES 2 NO	38. STATE TAX DATA TAX EXEMPTED 1 YES 2 NO
39. SIGNATURE OR OTHER AUTHENTICATION			
FROM FE			

FORM 5-64 1150  
May 10-67

Use Previous Edition

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Excluded from automatic  
downgrading and  
declassification

(When Filled In)

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

DCF

1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST FIRST MIDDLE) <b>WOODS JAMES S</b>	
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>		4. EFFECTIVE DATE MO DA YR <b>07 28 68</b>	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. FINANCIAL ANALYSIS NO. CHARGEABLE <b>9137 1487 0000</b>	
7. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>		8. FUNDS V TO V CF TO V <b>X</b> V TO CF CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE FOREIGN FIELD</b>		10. LOCATION OF OFFICIAL STATION <b>SAIGON, SOUTH VIET NAM</b>	
11. POSITION TITLE <b>RECORDS ADMIN OF</b>		12. POSITION NUMBER <b>4984</b>	
13. SERVICE DESIGNATION <b>D</b>		14. CLASSIFICATION SCHEDULE (OS, LB, etc.) <b>GS</b>	
15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>10 6</b>	
17. SALARY OR RATE <b>10847</b>		18. REMARKS <b>RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>22</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>45500</b> ALPHABETIC <b>FE</b>	22. STATION CODE <b>77205</b>
23. INTEROFF CODE <b>3</b>	24. DATE OF BIRTH MO DA YR <b>02 20 28</b>	25. DATE OF GRADE MO DA YR <b>07 28 68</b>	26. DATE OF LET MO DA YR <b>07 28 68</b>
27. NOTE EXEMPT MO DA YR	28. SPECIAL REFERENCE 1. FSC 2. CIA 3. FICA 4. FIDELITY	29. RETIREMENT DATA CODE	30. SEPARATION DATA CODE 1. YES 2. NO
31. VET PREFERENCE CODE 0. NONE 1. 5 YR 2. 10 YR	32. SERV. COMP DATE MO DA YR	33. LONG COMP DATE MO DA YR	34. CAREER CATEGORY CAR 35W PROV 15W
35. HEALTH INSURANCE CODE 0. YES 1. YES	36. SOCIAL SECURITY NO.	37. FEDERAL TAX DATA CODE 1. YES 2. NO	38. STATE TAX DATA CODE 1. YES 2. NO
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)	40. LEAVE CAT. CODE	41. FEDERAL TAX DATA CODE 1. YES 2. NO	42. STATE TAX DATA CODE 1. YES 2. NO

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
*[Signature]*

FORM 1150  
10-67

Use Previous  
Edition

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GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

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"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

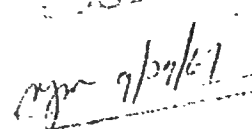
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WOODS JAMES S	010032	45	500	CF GS 09 7	\$ 9,668	\$10,154

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WOODS JAMES S	010032	45	500	CF GS 09 7	\$ 9,202	\$ 9,668

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
010032		WOODS JAMES S							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					05   21   67				
6. FUNDS		V TO V		V TO OF		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
OF TO V		X		OF TO OF		7137 1487 0000			
9. ORGANIZATIONAL DESIGNATION					10. LOCATION OF OFFICIAL STATION				
DDP&F DIVISION					SAIGON, SOUTH VIET NAM				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
RECORDS ADMIN OF					4965		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0344,01		09				
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									
									

MRT: 9 DEC 66

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>010032</b>		2. NAME (LAST-FIRST-MIDDLE) <b>WOODS JAMES S</b>	
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>		4. EFFECTIVE DATE MO: <b>12</b> DA: <b>18</b> YR: <b>66</b>	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. COST CENTER NO. CHARGEABLE <b>7137 1566 0000</b>	
7. CSC OR OTHER LEGAL AUTHORITY <b>PL 88-643 SECT. 203</b>		8. FUND <b>FUNDS</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE</b>		10. LOCATION OF OFFICIAL STATION <b>Saigon, South Viet Nam Tokyo, Japan</b>	
11. POSITION TITLE		12. POSITION NUMBER	
13. SERVICE DESIGNATION <b>D</b>		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP <b>09</b>	
17. SALARY OR RATE		18. REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRATE CODE	24. MGRS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE RATES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE CODE <b>2</b>
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO	34. SEX
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR YES PROV EMP
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE	45. SIGNATURE OR OTHER AUTHENTICATION	

FORM 11-62 1150

Use Previous Edition

SECRET

POSTED


12-14-66

1150  
Include this message  
REPLYING TO  
- Enclosure

(When Filled In)

MRT: 8 DEC 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						12   08   66		REGULAR			
6. FUNDS		7. TO V		8. TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7137 1487 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION						SAIGON, SOUTH VIET NAM					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN OF						4127		D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		09 7		9262			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. INDICATOR CODE	
37		10		NUMERIC ALPHABETIC 455000 FE		77205		3		25. DATE OF BIRTH	
										02   20   28	
26. DATE OF GRADE		27. DATE OF LEI		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA	
				1 - CSC 2 - PICA 3 - NONE		CODE		TYPE		NO. DA. YR.	
										EOD DATA	
32. VET. PREFERENCE		33. SERV. COMP. DATE		34. LONG. COMP. DATE		35. CAREER CATEGORY		36. FEI/1 / HEALTH INSURANCE		37. SOCIAL SECURITY NO.	
CODE		NO. DA. YR.		NO. DA. YR.		CAN. DESV. TEMP.		CODE		CODE	
0 - NONE 1 - 5 PT. 2 - 10 PT.								0 - MAINTAINED 1 - YES		HEALTH INS. CODE	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. CODE		42. FEDERAL TAX DATA				43. STATE TAX DATA	
CODE				CODE		FORM PRECUT CODE				CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						NO. TAX EXEMPTIONS				FORM PRECUT CODE	
						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

POSTED  
12-12-66

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WOODS JAMES S	Q10032	45	380	CF GS 09 7	\$ 9,003	\$ 9,262

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
Q10032		WOODS JAMES S		45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	\$8719	11/07/65	GS-09	7	\$9003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										
PAY CHANGE NOTIFICATION										

Form 560  
9-61

Obtain from  
Eaton

(4-51)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
Q10032		WOODS JAMES S		45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	\$8719	11/07/65	GS-09	7	\$9003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 2 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
WOODS JAMES S	010032	45	380	CF GS 09 3	\$ 8,200	\$ 8,495

12

10F

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours	
010032		WOODS JAMES S		45 380 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
		8495				8749	
GS 09 3			11/10/63	GS 09 6			11/07/65
7. TYPE ACTION							
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: _____ AUDITED BY: _____							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: _____ DATE: 11 October 65							
PAY CHANGE NOTIFICATION							

Form 9-61 360

1-511



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
ADPD 09/18/64									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
010032		WOODS JAMES S							
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT			09 18 64						
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V DP D</td> </tr> <tr> <td>D TO V</td> <td>X D DP D</td> </tr> </table>		V TO V	V DP D	D TO V	X D DP D	5137 1266 0000			
V TO V	V DP D								
D TO V	X D DP D								
9. ORGANIZATION (OFFICE/SECTION)			10. LOCATION OF OFFICIAL STATION						
DDP/FE DIVISION JKO TOKYO CEN REG REC			TOKYO JAPAN						
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
INTEL ANALYST CH			4466		D				
14. CLASSIFICATION SCHEME (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP					
GS		0132.33		09					
17. SALARY OR RATE									
18. REMARKS									
SIGNATURE OF OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>            9/24/64 MWS         </div>									

Form 11209  
1-63 MAR 63

Use Previous  
Edition

**SECRET**

16-1  
Excludes from automatic  
downgrading and  
declassification

(When Filled In)

16-511

**SECRET**  
(When Filled In)

AES: 16 MARCH 61

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)								
010032		WOODS JAMES S								
3. NATURE OF PERSONNEL ACTION REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*				4. EFFECTIVE DATE MO DA YR 03 19 61		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS		V TO V		X		V TO CF		7. COST CENTER NO. CHARGEABLE		
		CF TO V				CF TO CF		1137 7351 1000		
								8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JAO TOKYO STATION OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SEC				10. LOCATION OF OFFICIAL STATION TOKYO JAPAN						
11. POSITION TITLE INTEL ANALYST GEN				12. POSITION NUMBER 3061		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS		15. OCCUPATIONAL SERIES 0132.36		16. GRADE AND STEP 09 3		17. SALARY OR RATE 6765				
18. REMARKS *SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING SYMBOLIC ALPHABETIC 56380 FE		22. STATION CODE 37587	23. INTERSEE CODE 3	24. DATE OF BIRTH MO DA YR 02 20 28		25. DATE OF GRADE MO DA YR	26. DATE OF LES MO DA YR	
27. VET PREFERENCE CODE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		28. SPECIAL REFERENCE 1 - CSC 2 - FIC 3 - NONE		29. RETIREMENT DATA CODE		30. SEPARATION DATA CODE TYPE		31. CORRECTION/CANCELLATION DATA MO DA YR		32. SECURITY REQ NO
33. SERV. COMP. DATA MO DA YR		34. LONG COMP DATE MO DA YR		35. MIL SERV. CREDIT/LED 1 - YES 2 - NO		36. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES		37. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM 1-EXEMPTED CODE NO TAX EXEMPTIONS FORM 1-EXEMPTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA CODE NO TAX EXEMPTIONS		
SIGNATURE OR OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  03/22/61 RK </div>										

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1967.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WOODS JAMES S	010032	45	380	CF GS 09 5	\$ 7,575	\$ 7,950

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
010032		WOODS JAMES S		56 380 CF //						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EW Date	Grade	Step	Salary	Effective Date	PM	LSI	ADJ.
GS 09	4	\$ 7,350	11/12/61	GS 09	5	\$ 7,975	11/10/62			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD. / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i>										
PAY CHANGE NOTIFICATION										

Form 9-61 560

Obsolete Previous Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 13 OCTOBER 1966

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WOODS JAMES S	010032	45380	CF 09 4	\$ 6,950	\$ 7,280	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			DD	MM	YY				DD	MM	YY
GS 09	2	\$ 6,600	11	15	59	GS 09	3	\$ 6,749	11	13	60

**TO BE COMPLETED BY THE OFFICE OF COMPTROLLER**

8. CHECK ONE ☒ EXCESS LWOP ☐ EXCESS LWOP  
 IF EXCESS LWOP, CHECK FOLLOWING:  
☐ IN PAY STATUS AT END OF WAITING PERIOD  
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP \_\_\_\_\_  
 10. INITIALS OF CLERK \_\_\_\_\_ 11. AUDITED BY \_\_\_\_\_

**TO BE COMPLETED BY THE OFFICE OF PERSONNEL**

12. TYPE OF ACTION  
☐ P.S.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS \_\_\_\_\_

14. AUTHENTICATION \_\_\_\_\_

**PAY CHANGE NOTIFICATION**

FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B. SECRET OFFICIAL PERSONNEL FOLDER (4)

**SECRET**  
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
10032	WOODS JAMES S	DDP/FF 11 UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	P.S.I.	L.S.I.	ADJ.
GS	09	3	\$ 6,765	11/13/60	GS	4	\$ 6,930	11/12/61		

8. Remarks and Authentication

/ / NO EXCESS LWOP  
 / / IN PAY STATUS AT END OF WAITING PERIOD  
 / / IN LWOP STATUS AT END OF WAITING PERIOD

**PAY CHANGE NOTIFICATION**

SECRET (4-31)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
01	WOODS JAMES S	110032	51 12	GS-09 2	\$ 6,139	\$ 6,600

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 110032		2. NAME WOODS JAMES S			3. ASSIGNED ORG. DDP/FE		4. FUNDS V-20	5. ALLOTMENT -37			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA.	YR.				MO	DA.	YR.
GS	9	\$ 5,984	11	16	58	GS	9	\$ 6,135	11	15	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:											
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> S.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
<p align="center">65. NOV 24 01 8 AM</p> <p align="center">HONORARY PROMOTION</p> <p align="center"><b>SECRET</b></p>											
PAY CHANGE NOTIFICATION											

FORM 560

560. OBSOLETE PREVIOUS EDITION REPLACES FORM 5104 AND 560B.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

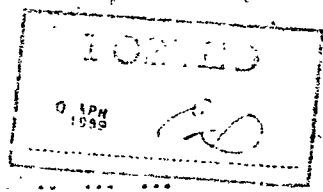
**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
NCH 20 MAR 59														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD	
10032		WOODS JAMES S				Mo. Da. Yr. 02 20 28			None-0 5 Pt-1 10 Pt-2		Code 1		M 1	
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCO		13. ...	
Mo. Da. Yr. 11 12 48		Yes-1 No-2		Code 1		50 USCA 403			Mo. Da. Yr. Mo. Da. Yr. Mo. Da. Yr.		Yes-1 No-2		Code 1	

PREVIOUS ASSIGNMENT														
14. Organizational Designations					Code		15. Location Of Official Station					Station Code		
DDP FE FE/PSH PHILIPPINES STATION SUPPORT BRANCH					5161		MANILA, R.P.					57557		
16. Dept. - Field		17. Position Title		18. Position No.			19. Serv.		20. Occup. Series					
Dept - 2 USPd - 4 Frgh - 6		Code 5		RECDS MGMT ANAL			3382		GS		0306.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number				
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3780 55 006				

ACTION										
27. Nature Of Action			Code		28. Eff. Date		29. Type Of Employee		Code	
REASSIGNMENT TRANSFER TO VOUCHERED FUNDS			01		Mo. Da. Yr. 03 22 59		REGULAR		01	

PRESENT ASSIGNMENT														
31. Organizational Designations					Code		32. Location Of Official Station					Station Code		
DDP FE OFFICE OF THE CHIEF SECRETARIAT					5112		WASH., D. C.					75013		
33. Dept. - Field		34. Position Title		35. Position No.			36. Serv.		37. Occup. Series					
Dept - 2 USPd - 4 Frgh - 6		Code 2		RECDS MGMT OFF			2461		GS		0306.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number				
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3700 20 001				

44. Remarks														
<div align="center">  </div>														

SECRET  
(When released)

NOTIFICATION OF PERSONNEL ACTION															
MCM 14 NOV 58															
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet Pref.		5. Sex		6. CS - EOD			
510032		WOODS JAMES S			Mo. Da. Yr. 02 20 28			None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 04 21 52			
7. SED		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. Mil. Serv. Credit Lda		
Mo. Da. Yr. 11 12 48		Yes-1 No-2		Code 1			50 USCA 403 J			Mo. Da. Yr. — — —		Yes-1 No-2		Code 04 21 52	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE BRANCH 3 PHILIPPINES STATION ADMIN SEC				5161		MANILA, R.P.				57557	
16. Dept. Field		17. Position Title		18. Position No.				19. Serv.		20. Occup. Series	
Dept - 1 USMld - 3 Frpn - 5		Code 5		RECORDS MGMT ANALYST				3382 GS 0306.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 4		\$ 5430		01		Mo. Da. Yr. 04 10 55		Mo. Da. Yr. 04 06 58		8 3780 55 006	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		Mo. Da. Yr. 11 16 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE FE/PSH PHILIPPINES STATION SUPPORT BRANCH				5161		MANILA, R.P.				57557	
33. Dept. Field		34. Position Title		35. Position No.				36. Serv.		37. Occup. Series	
Dept - 1 USMld - 3 Frpn - 5		Code 5		REGDS MGMT ANAL				3382 GS 0306.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		01		Mo. Da. Yr. 11 16 58		Mo. Da. Yr. 11 15 59		9 3780 55 006	

44. Remarks

POSTED

20 NOV 1958

228



## S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WOODS JAMES S	510032	GS-07-4	\$ 4,930	\$ 5,430

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

S E C R E T

S E C R E T

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORG.		4. PDBUS		5. ALLOTMENT	
510032		WOODS JAMES S		DDP/FE		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO.
GS	7	\$ 4,795	04	07	57	GS	7	\$ 4,930	04
									06
									58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:					10. INITIALS OF CLERK				
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					11. AUDITED BY				
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO.	DA.	YR.				
14. AUTHENTICATION									
<p style="text-align: center;">G. M. STEWART</p> <p style="text-align: right;">12305 6005 P. 14</p>									
PERIODIC STEP INCREASE - AUTHENTICATION									

FORM NO. 360a

S E C R E T

PERSONNEL FOLDER (4)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prod.		5. Sex		6. CS - EOD			
510032		WOODS JAMES S				Mo.	Da.	Yr.	None-0	Code		M	1	Mo.	Da.	Yr.
						02	20	28	5 Pt-1	1			04	21	52	
7. SED		8. CSC Rmtl.		9. CSC Or Other Legal Authority		10. Anmt. Affidav.			11. FEGLI		12. LCB		13. Will pay			
Mo.	Da.	Yr.	Yes-1	Code			Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	
XX	XX	XX	No-8	1	50 USCA 403 J					No-8	1	04	21	52	No-8	2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
DDP FI RECORDS INTEGRATION DIV ANALYSIS AND OPERATIONS BR ANALYSIS SEC					WASH., D.C.						
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series		
Dept. - 1	Code				430.12		GS		0132.35		
USfld - 3	2	INTEL ANALYST									
Frqn - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 3		\$ 4795		DI						\$ 2309 23	

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Date	
REASSIGNMENT TRANSFER TO UNVOUCHERED FUNDS		06	09 08 57		REGULAR		.01		

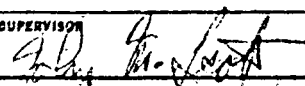
**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDP FE BRANCH 3 PHILIPPINES STATION ADMIN SEC				5161	MANILA, P.P.				57557		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series		
Dept. - 1	Code	RECORDS MGMT ANALYST			3382		GS		0306.01		
USfld - 3	5										
Frqn - 5											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
07 3		\$ 4795		DI		04 10 55		04 10 55		8 3780 55 006	

44. Remarks  
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

10612  
9/6/59

**SECRET**  
(WHEN FILLED IN)

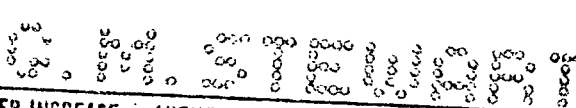
1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
110032		WOODS JAMES S		DDP/FI 29		V-20					
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR			DATE			SIGNATURE OF SUPERVISOR					
JOHN M. SCOTT			11 MAR 1957								
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
110032		WOODS JAMES S		DDP/FI		V-20		2301			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP					
10. INITIALS OF CLERK						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR						
14. AUTHENTICATION											
											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560b  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

INVESTIGATION UNIT, CHIEF, FINANCE DIVISION

ATTENTION : Payroll Section

SUBJECT : Change in Assignment Request Designation

Personal Services of **WOODS, James B.**

1. The Division request that copy of personal services of JAMES B. WOODS be changed effective 11/1/55 to 11/1/56 and 11/1/56 to 11/1/57.

FROM AGENCY **6-3712-55-096**

TO AGENCY **6-2309-23**

2. When this change is completed, it is requested that a copy of this request be sent to the Chief, Finance Division, Bureau of Prisons, with the following information:

END

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

are

1. NAME (Last - First - Middle - One Given Name, Initials) AND SURNAME <b>MR. JAMES S. WOODS</b>		2. DATE OF BIRTH <b>20 Feb 1923</b>	3. JOURNAL OR ACTION NO. <b>110032</b>	4. DATE <b>22 August 1956</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use STANDARD TERMINOLOGY) <b>REASSIGNMENT</b>		6. EFFECTIVE DATE <b>26 Aug 1956</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 J</b>	
FROM <b>EW-430.02</b>		TO <b>EW-430.12</b>		
8. POSITION TITLE <b>Intal Analyst</b>		<b>EW-430.12</b>		
9. SERVICE, SERIES, GRADE, SALARY <b>GS-0132.35-7 \$4660.00 per annum</b>				
10. ORGANIZATIONAL DESIGNATIONS <b>410025</b>		<b>DDI/71</b>		
11. HEADQUARTERS <b>2</b>		<b>Records Integration Division</b>		
		<b>Analysis &amp; Operations Branch</b>		
		<b>Analysis Section</b>		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. APPROVATION FROM: <b>7-2309-23</b> TO: <b>750-13</b>		16. DATE OF APPOINTMENT REST AFFIDAVITS (ACCESSIONS ONLY) <b>Yes</b>		
17. SUBJECT TO C. S. RETIREMENT ACT (YES NO) <b>Yes</b>		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS:  <b>3 DEC 04/21/52</b>				

POSTED  
8/29/56 RAB

ENTRANCE PERFORMANCE RATING:

Director of Personnel

4. PERSONNEL FOLDER COPY

um 8/28/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

271

1. NAME (LAST - FIRST - MIDDLE - ONE GIVEN NAME, INITIAL(S) AND SURNAME) <b>Mr. James S. Woods 110032</b>		2. DATE OF BIRTH <b>20 Feb 1928</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>2 Jul 1956</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>15 Jul 1956</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 U.S.C. 403 j</b>	
FROM		TO		
<b>10 (CI) EV-7-583.03</b> <b>GS-0136.33-7 \$4660.00 per annum</b> <b>DDP/VI</b> <b>Branch 1-Korea Base</b> <b>Records Integration Branch</b> <b>Personality Files Section</b>  <b>Yokosuka, Japan</b>		<b>8. POSITION TITLE</b> <b>Intel Analyst EV-430.02</b>  <b>9. SERVICE, SERIES, GRADE, SALARY</b> <b>GS-0132.33-7 \$4660.00 per annum</b>  <b>DDP/VI</b> <b>Records Integration Division</b> <b>Analysis &amp; Operations Branch</b> <b>Analysis Section</b>  <b>10. ORGANIZATIONAL DESIGNATION</b> <b>410823</b>  <b>11. HEADQUARTERS</b> <b>2</b>  <b>12. FIELD OR DEPT.</b>  <b>Washington, D. C.</b>		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT <input checked="" type="checkbox"/> 10-PT <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. FROM: <b>7-3740-55-056</b>		16. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
TO: <b>7-6309-23</b>		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>		
18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		19. LEGAL RESIDENCE		
		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS:				
<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           POSTED  <i>2/19/56</i> </div> <p style="text-align: center; margin-top: 20px;"><b>"Transfer 70 Vouchered funds FROM Unvouchered funds."</b></p> <p style="text-align: center; margin-top: 20px;"><b>3 BUD 04/21/52</b></p>				
ENTRANCE PERFORMANCE RATING: <b>Director of Personnel</b>				

4. PERSONNEL FOLDER COPY

SECRET

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JOINT AND FEDERAL PERSONNEL  
 MANUAL CHAPTER II

## REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname) <b>Mr. James S. Woods</b>	2. DATE OF BIRTH <b>20 Feb 28</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>5 May 56</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.) <b>Change in Title and Service Number</b>		9. APPROVED: <b>17 JUN 1956</b>	

FROM— Ops Off (CE) <b>BFF 583.05-7</b> GS-0136.52-7 <b>4660</b> DDF/FE Korea Mission Records Integration Branch Personality Files Section Atsugi, Japan	A. POSITION TITLE AND NUMBER B. SERVICE GRADE AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	TO— IO-CI <b>BFF 583.05-7</b> GS-0136.53-7 <b>4660</b> DDF/FE Branch 1 - Korea Base Records Integration Branch Personality Files Section Yokosuka, Japan
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	SD:DI

A. REMARKS (Use reverse if necessary)

T/O Changes

REQUESTED BY (Name and title)  
**H. P. Gilbert, FE Personnel Officer**

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

**Iris S. Wilson Ex 8761**

D. REQUEST APPROVED BY

Signature:

Title:

14. POSITION CLASSIFICATION ACTION

NEW VICE 1 A REAL

SD:DI

13. VETERAN PREFERENCE

GRADE	WHEN OTHER	15 POINT

15. APPROPRIATION

FROM: **6-3740-55-076**  
 TO: **SD:DI**

20. STANDARD FORM 50 REMARKS

17. SUBJECT TO C.S. 8  
RESIGNMENT ACT  
(YES-NO)  
**Yes**18. DATE OF APPOINT-  
MENT AFFIDAVITS  
(ACCESSIONS ONLY)

19. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED  
 STATE: **D.C.**

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR FOS CONTROL	<b>2084</b>	<b>21 May 56</b>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>2084</b>	<b>21 May 56</b>	
E.			

E. APPROVED BY

SECRET

by **Arnold C. Liddle, 21 May 56**

15-6170

# PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE 1961-220020

1. Agency and organizational designation						2. Payroll period		3. Block No. UV		4. Slip No.	
5. Employee's name (and social security account number when appropriate) WOODS, JAMES S.						6. Grade and salary GS-7 \$4525.00					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous annual											
8. New annual											
9. Pay this period											
10. Remarks DIVISION						11. Appropriation(s) FE/7			12. Prepared by sfw 1/10		
									13. Audited by		
<input type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase											
14. Effective date 8 Apr 56	15. Date last equivalent increase 10 Apr 55	16. Old salary rate \$4525.00	17. New salary rate \$4660.00	18. Performance/merit/attendance, etc. SERVICE AND CONDUCT ALL SATISFACTORY (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> in pay status covered as waiting period <input type="checkbox"/> LWOP during end of waiting period							
<input type="checkbox"/> No excess LWOP. Total excess LWOP.				Initials of Clerk							
STANDARD FORM NO. 1126d—Revised Form prescribed by Comp. Gen., U. S. October 26, 1954, General Regulations No. 102											

CONFIDENTIAL

PAYROLL CHANGE SLIP — PERSONNEL COPY

sfw



S-E-C-R-E-T

COMBINED THE OFFICE ACTION IN LIEU OF SF-52

CHANGE OF OFFICIAL DESIGNATION

Effective Date - 22 April 1950

	<u>Name</u>	<u>Grade</u>	<u>D to DI</u>	<u>Name</u>	<u>Grade</u>
<u>FE</u>			<u>NEA</u>		
	ACANTONA, Julius	12		FRIAR, John R.	12
	GILLIS, Vincent A.	12			
	WATERS, Harry C., Jr.	11			
	WODS, James S.	07	<u>FI</u>		
	MCCOY, Leonard V.	09		DECK, Marian F.	07
				ROY, Ruth R.	07
<u>EE</u>					
	MONTGOMERY, Hugh	12			
<u>SR</u>					
	TECHICKAS, Aldona V.	07			
	KAPUSTA, Peter P.	11			
			<u>D to DS</u>		
<u>WE</u>					
	LOERS, Virginia	05			
			<u>D to DP</u>		
<u>RE</u>					
	McLAUGHLIN, Mary S.	07			

by

17 April 1950

S-E-C-R-E-T

STANDARD FORM 52  
FORM 52-1 (Rev. 1-54)  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1954 - PERSONNEL PERSONNEL  
BRANCH, CHAPTER 11

SECRET

UNFOUCHERED

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) <b>Mr. James S. WOODS</b>	2. DATE OF BIRTH <b>20 Feb 28</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>21 Feb 54</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Promotion</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>Ops. OPR. (CO) APR 10 1955</i>	
FROM— 10 (FI) <b>602.02-5</b> <b>GS-0136.51-45</b> \$3535.00 p/a  <b>DDP/FE</b> <b>Korea Mission</b> <b>Intelligence Division</b> <b>Positive Intelligence Branch</b> <b>Atsugi, Japan</b> <i>UNCONV. WARF. DIV.</i>	9. POSITION TITLE AND NUMBER  10. SERVICE, GRADE, AND SALARY  11. ORGANIZATIONAL DESIGNATIONS  12. HEADQUARTERS	TO— <b>583.05</b> <b>10 (FI)</b> <b>602.02-7</b> <b>GS-0136.51-47</b> \$4405.00 p/a  <b>Same</b> <b>Same</b> <b>Same</b> <i>RECORDS INTEGRATION BR.</i> <b>Same</b> <i>PERSONNELITY ROST SECTION</i>	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	

REMARKS (Use reverse if necessary)  
Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.

8. REQUESTING OFFICER (Name and title) <b>H. C. CLINKSLEY, FE Personnel Officer</b>		D. REQUEST APPROVED BY Signature: _____ Title: _____	
9. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>O. A. Feltow, FEI</b>			
13. VETERAN PREFERENCE NONE <input checked="" type="checkbox"/> WAR <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPT. <input type="checkbox"/> 10 POINT DISAB. OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>FI slot 3D:D</i>	
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION <b>FROM 6-3740-55-096</b> <b>TO: Same</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>
		19. DATE OF APPOINTMENT AFFIDAVIT'S (SUCCESSORS ONLY)	20. LEGAL RESIDENCE STATE: <b>D.C.</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. LEAD. OR POS. CONTROL	<i>RF 3/25/55</i>		
C. CLASSIFICATION	<i>W 3/25/55</i>		
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY <i>R. A. Stricklin</i> <b>SECRET</b>			

STANDARD FORM 52 PERSONNEL ACTION REQUEST MANUAL CHAPTER 34		SECRET		2/24/55 Sam	
REQUEST FOR PERSONNEL ACTION			UNFOUNDED		
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.					
1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH		3. REQUEST NO.	
Mr. James S. WOODS		20 Feb 28		28 Jan 55	
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		5. EFFECTIVE DATE A. PROPOSED:		7. C. S. OF OFFICE LEGAL AUTHORITY	
Reassignment		26 Oct 54			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED:			
		26 Oct 1954			
FROM— IO (FI) BFF 602.02-5 GS-0136.51-45 <del>3535.00</del> p/a 3535. DDP/FE Korean Mission WARFARE Division Korea		8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL		TO— IO (FI) BFF 602.02-5 GS-0136.51-45 <del>3535.00</del> p/a 3535. Same Same Same Atsugi, Japan	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
A. REMARKS (Use reverse if necessary)					
Subject arrived PCS Japan 26 Oct 54 per FKLA-5239 of 17 Nov 1954.					
B. REQUESTED BY (Name and title)		C. REQUEST APPROVED BY			
H. C. CLINGGALL, FE Personnel Officer		Signature: J. P. Humphries (WAF)			
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: FSCMO 8 Feb 55			
O. A. FENLON, FE/1 X3761					
13. VETERAN PRECEDENCE		14. INJUNCTION CLASSIFICATION ACTION			
None <input type="checkbox"/> WH <input type="checkbox"/> JACK <input type="checkbox"/> EPT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICK <input type="checkbox"/> I.A. <input type="checkbox"/> RES <input type="checkbox"/>			
15. SC <input type="checkbox"/> RACE <input type="checkbox"/>		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	
M <input type="checkbox"/> W <input type="checkbox"/> To: Same		Yes		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D.C.	
21. STANDARD FORM 50 REMARKS					
See Concern in Memo 18 Feb 55 2/24/55 Sam E date per J. Martin 7E 2/24/55 Sam					
22. CLEARANCES		INITIAL OR SIGNATURE		DATE	
A.					
B. CELL OR POS. CONTROL		C. CLASSIFICATION		D. PLACEMENT OR EMP.	
F. APPROVED BY		SECRET			
Reynold P. Beck		2/24/55			

GOVERNMENT PRINTING OFFICE: 1942 - 667274

1. Agency and organizational designations		2. Pay rate		3. Bio. No.		4. Bio. No.	
5. Employee's name (and social security account number when documented)		6. Pay rate					
W-100, James E.		0-5 0-20					
PAY ROLL CHANGE DATA							
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.
7. Previous normal							
8. New normal							
9. Pay this period							
10. Remarks				11. Appropriation(s)		12. Prepared by	
				72-0		Jm 4/20/52	
						13. Audited by	
14. Effective date							
15. Date last adjustment							
16. Performance rating is satisfactory or better.							
17. New source rate							
18. LWOP date (fill in appropriate space covering LWOP during following period):							
<input type="checkbox"/> No excess LWOP <input type="checkbox"/> Total excess LWOP							
STANDARD FORM 100-11254-Rev. 11-5-40 Form prescribed by Comp. Gen., U. S. Nov. 8, 1940, General Regulation No. 102							

PAY ROLL CHANGE SLIP—PERSONNEL COPY

**CONFIDENTIAL**  
CENTRAL INTELLIGENCE AGENCY

**NOTIFICATION OF PERSONNEL ACTION** Conc. 26 Mar 1954 Jan

1. NAME (USE -- MRS. -- MRS. -- ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>JAMES S. Woods</b>		2. DATE OF BIRTH <b>20 Feb 1928</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>16 Apr 1954</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Assignment</b>		6. LIFE LINE DATE <b>B.O.B. 25 Apr 1954</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
<b>Anal. Analyst EV 469.08</b>  <b>0132.35-5 \$3410.00 per annum</b>  <b>W/VI</b> <b>Words Integration Division</b> <b>Processing and Records Branch</b> <b>Isolation Section</b>  <b>Washington, D. C.</b>		<b>IO (VI) EPP 602.02-5</b>  <b>08-0136.51-5 \$3410.00 per annum</b>  <b>W/VI</b> <b>Korean Mission</b> <b>Unconventional Warfare Division</b>  <b>Korea</b>		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. APPROPRIATION		13. POSITION CLASSIFICATION ACTION		
FROM: <b>4-2359-83</b> TO: <b>4-5720-55-096</b>		NEW YES L.A. REAL <b>SD:D</b> <b>CD-PI</b>		
14. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>		15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		16. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> NOTED STATE: <b>D. C.</b>
REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<p><b>"Transfer TO Unconventional Warfare FROM Vouchered Funds."</b></p> <p style="text-align: right;"><i>J. M. Bar Mc</i></p>				

4. PERSONNEL FOLDER COPY

9/16/54

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MRS.-MISS - ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. James S. Woods</b>		2. DATE OF BIRTH <b>20 Feb. 28</b>	3. JOURNAL OR ACTION NO. <b>800</b>	4. DATE <b>27 Feb. 54</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>28 Feb. 54</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
8. POSITION TITLE <b>CS-132-3</b>  <b>R I Staff</b>		9. SERVICE, SERIES, GRADE, SALARY <b>CS-0132-33-3 \$3410.00 per annum</b>		
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS <b>DDP/VI</b> <b>R I Division</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b>		
12. FIELD OR DEPTL <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPTL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
14. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPT <input type="checkbox"/> 15-PONT DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>CS-VI</b>		
17. SEX <b>M</b>	18. RACE <b>W</b>	19. APPROPRIATION FROM: <b>4-2509-23</b> TO: <b>5000</b>		20. DATE OF AFFIDAVIT MENT AFFIDAVIT (ACCESSIONS ONLY)
21. REMAINS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		

ENTRANCE PERFORMANCE RATING

Deputy Assistant Director for Personnel

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

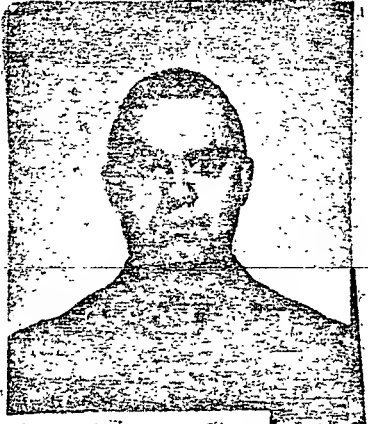
each

1. NAME (MR., MRS., MISS, OR MS. GIVE FIRST NAME, INITIAL(S), AND SURNAME) <b>Mr. James B. Woods</b>		2. DATE OF BIRTH <b>20 February 1928</b>	3. JOURNAL OR ACTION NO. <b>5 June 1953</b>
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Promotion</b>		6. EFFECTIVE DATE <b>7 June 1953</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Sch A-6, 116(b)</b>
FROM		TO	
<b>Intel. Anal. EV-469.08-4</b>  <b>GS-132-1 \$3175.00 per annum</b>  <b>DDP/FI</b> <b>Records Integration Staff</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b>		<b>Same EV-469.08</b>  <b>GS-132-1 \$3110.00 per annum</b>  <b>Same</b> <b>Same</b> <b>Same</b> <b>Same</b> <b>Same</b>	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL 11. VETERAN'S PREFERENCE <input checked="" type="checkbox"/>		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL 14. POSITION CLASSIFICATION ACTION <b>CD-FI</b>	
13. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F 15. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O 16. POINT <input checked="" type="checkbox"/> DEAD <input type="checkbox"/> OTHER		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	
17. APPROPRIATION FROM: <b>118100</b> TO: <b>2309-20</b>		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.			
<b>EXTENSION</b> <b>2027</b>			
ENTRANCE PERFORMANCE RATING: <b>Chief, Personnel Division</b>			

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Mr. James S. Woods</b>		2. DATE OF BIRTH <b>20 Feb. 28</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>24 Apr. 53</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>26 Apr. 53</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A-6.116(b)</b>	
FROM <b>Mail and File Clerk EV-304.00</b>		TO <b>Intell. Anal. EV-469.00-1</b>		
8. SERVICE SERIES, GRADE, SALARY <b>GS-4-303 \$3175.00 per annum</b>		9. ORGANIZATIONAL DESIGNATIONS <b>GS-4-132 Same</b>		
10. HEADQUARTERS <b>NDP/FI/RI Processing and Records Br. Consolidation Section Washington, D.C.</b>		11. FIELD OR DEPTL. <b>Same</b>		
12. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 1-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DEAD/OTHER <input type="checkbox"/>		
14. POSITION CLASSIFICATION ACTION RL# <input type="checkbox"/> YCE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>788</b>		
16. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		17. APPROPRIATION <b>2309-00 2309-20</b>		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED * STATE <b>DC</b>
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled at any time if it fails to meet all requirements.				
				
ENTRANCE PERFORMANCE RATING: <b>Woods, James S.</b>				
Chief, Personnel Division				



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Mr. James B. Woods</b>		2. DATE OF BIRTH <b>20 Feb. 28</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>9 Mar. 53</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>15 Mar. 53</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A-6.116(b)</b>	
FROM <b>File Clerk BY-336</b>		8. POSITION TITLE <b>Mail and File Clerk BY-364.03</b>	TO	
9. SERVICE, GRADE, SALARY <b>GS-4-305 \$3175.00 per annum</b>		10. ORGANIZATIONAL DESIGNATIONS <b>03-4 BANK BANK Consolidation Section</b>		
11. HEADQUARTERS <b>Washington, D.C.</b>		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	13. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL	
14. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>11X2100</b>		
16. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		17. APPROPRIATION FROM: <b>11X2100</b> TO: <b>2309-20</b>		
18. SUBJECT TO C. S. RETIREMENT ACT (VLS-INC) <b>yes</b>		19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <b>STDC</b>		
20. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING <b>Chief, Personnel Division</b>				

**S-E-C-R-E-T**  
Security Information

COMBINED PERSONNEL ACTION

Page 9 of 36 pages

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for vouchered positions from information on this form.)

(1) Staff or Division RI (2) Date 17 November 1952 (3) Effective Date of Action 7 Dec 1952  
FROM TO

(1) NAME	(5) ORG. I.P. & POS. TITLE	(6) SCHEDULE SERIES-Grade	(7) SLOT NOS.	(8) ACTION	(9) ORG. I.P. & POS. TITLE	(10) SCHEDULE SERIES-Grade	(11) SLOT NOS.
Johnson, Dorothy A.	File Clerk	GS-4	X-32.03	A	File Supervisor	GS-305-4	BV-353.01
akers, Erma D.	File Clerk	GS-4	X-34.02	B	File Clerk	GS-305-4	BV-354.
Hallinan, Martha M.	File Clerk	GS-4	X-34.	B	File Clerk	GS-305-4	BV-354.01
Gawlor, Carol A.	File Clerk	GS-4	X-38.02	B	File Clerk	GS-305-4	BV-354.02
Law, Lois	File Clerk	GS-4	X-38.03	B	File Clerk	GS-305-4	BV-354.03
Pruitt, Earl B.	File Supervisor	GS-5	X-33.	B	File Supvr.	GS-305-5	BV-355.
Service & Correspondence Section							
Woods, James	File Clerk	GS-4	X-32.22	B	File Clerk	GS-305-4	BV-354.
File Section							
Lampacé, Marie J.	File Clerk	GS-4	X-34.03	A	File Supervisor	GS-305-4	BV-357.
Riter, Irene M.	File Clerk	GS-4	X-32.02	B	File Clerk	GS-305-4	BV-358.
Iyddame, Mildred K.	File Clerk	GS-4	X-38.04	B	File Clerk	GS-305-4	BV-358.01
Ceppa, Loretta M.	File Clerk	GS-4	X-34.01	B	File Clerk	GS-305-4	BV-358.02

(12) APPROVED: [Signature] (13) APPROVED: [Signature] (14) APPROVED: [Signature]  
Class & Range Div. Personnel Div.

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(ml)

1. NAME (MR—MISS—MRS—ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. James S. Woods</b>		2. DATE OF BIRTH <b>20 Feb. '28</b>	3. JOURNAL OR ACTION NO. <b>14 Aug. '52</b>
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERM, POLICY) <b>Promotion</b>		6. EFFECTIVE DATE <b>17 Aug. '52</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule 4-6.116(h)</b>
FROM		TO	
<b>File Clerk I-39.04</b>  <b>GS-3-305 \$2950.00 per annum</b> <b>OSO</b> <b>RI</b> <b>Processing and Records Branch</b> <b>File Section</b>  <b>Washington, D.C.</b>		<b>File Clerk X-102.22</b>  <b>GS-4-305 \$3175.00 per annum</b> <b>OSO</b> <b>RI</b> <b>Analysis and Operations Branch</b> <b>Service and Correspondence</b> <b>Section</b>	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL 12. FIELD OR DEPT. L		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> REAL <input type="checkbox"/>	
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. APPROPRIATION FROM: <b>11X2100</b> TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) <input type="checkbox"/>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <input checked="" type="checkbox"/>
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <input checked="" type="checkbox"/>	
21. REMARKS: THIS ACTION IS SUBJECT TO APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.			
Chief, Personnel Division ENTRANCE EFFICIENCY RATING: <b>JOHN J. COOPER</b> SIGNATURE OR OTHER AUTHENTICATION: <b>John J. Cooper</b>			



**CONFIDENTIAL**  
CLASSIFICATION

### FITNESS REPORT

#### SECTION A

#### GENERAL INFORMATION

1. EMPLOYEE NUMBER <b>010032</b>	2. NAME (Last, first, middle) <b>WOODS, James S.</b>	3. DATE OF BIRTH <b>02/20/28</b>	4. SEX <b>M</b>	5. GRADE <b>12</b>	6. SD <b>D</b>
7. OFFICIAL POSITION TITLE <b>RECORDS ADMIN OFF CH</b>		8. OFF. DIV. OR OF ASSIGNMENT <b>DDO/CCS/REG</b>		9. CURRENT STATION <b>HQS</b>	
11. TYPE OF APPOINTMENT		12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO) <b>01 July 76 - 08 July 77</b>		14. DATE REPORT DUE IN D.P. <b>31 July 1977</b>

#### SECTION B

#### QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**NO**

#### SECTION C

#### PERFORMANCE EVALUATION

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

#### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated as their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 <b>Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information.</b>	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 <b>CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline.</b>	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3 <b>Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry Information.</b>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

#### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER  
**O**

CLASSIFICATION  
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CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Woods continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of Mr. Woods' responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts. Mr. Woods is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 August 1977

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

TYPED OR PRINTED NAME AND SIGNATURE

Arthur C. Close

2. BY EMPLOYEE

I HAVE ☒ OR HAVE NOT ☐ ATTACHED A  
STATEMENT CONCERNING THE SUPERVISOR'S  
EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

James S. Woods

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Mr. Close's evaluation of Mr. Woods' performance during the reporting period agrees completely with my observations and conclusions. Mr. Woods is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.

DATE

17 August 1977

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Central Cover Staff

TYPED OR PRINTED NAME AND SIGNATURE

ERICH W. ISENSTEAD

4. BY EMPLOYEE

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS  
OF THIS REPORT. I HAVE ☒ HAVE NOT ☐ ATTACHED  
A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S  
EVALUATION OF MY PERFORMANCE.

DATE

1977  
18 Aug

SIGNATURE OF EMPLOYEE

James S. Woods

CLASSIFICATION  
CONFIDENTIAL

**CONFIDENTIAL**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

1. EMPLOYEE NUMBER <b>010032</b>	2. NAME (Last, first, middle) <b>WOODS James S.</b>	3. DATE OF BIRTH <b>02/20/28</b>	4. SEX <b>M</b>	5. GRADE <b>GS-12</b>	6. SU <b>DAC</b>
7. OFFICIAL POSITION TITLE <b>RECORDS ADMIN OF CH</b>		8. OFF/DIV/HR OF ASSIGNMENT <b>DDO/CCS/REG</b>	9. CURRENT STATION <b>HQS</b>		10. CODE (CA, I) <b>K HQS. DF</b>
11. TYPE OF APPOINTMENT <input checked="" type="checkbox"/> <b>CAREER</b> <input type="checkbox"/> <b>RESERVE</b> <input type="checkbox"/> <b>TEMPORARY</b>			12. TYPE OF REPORT <input type="checkbox"/> <b>INITIAL</b> <input checked="" type="checkbox"/> <b>ANNUAL</b> <input type="checkbox"/> <b>REASSIGNMENT</b> <input type="checkbox"/> <b>SPECIAL</b>		
<input type="checkbox"/> <b>CONTRACT</b> <input type="checkbox"/> <b>SPECIAL</b> <input type="checkbox"/> <b>OTHER</b>			13. REPORTING PERIOD (FROM-TO) <b>1 July 1975-30 June 1976</b>		14. DATE REPORT DUE IN O.P. <b>30 July 1976</b>

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**NO**

**SECTION C**

**PERFORMANCE EVALUATION**

<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

<b>SPECIFIC DUTY NO. 1</b> Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information	<b>RATING LETTER</b> <b>S</b>
<b>SPECIFIC DUTY NO. 2</b> Records Management Officer--responsible for the overall CCS records management program	<b>RATING LETTER</b> <b>O</b>
<b>SPECIFIC DUTY NO. 3</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 4</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 5</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 6</b>	<b>RATING LETTER</b>


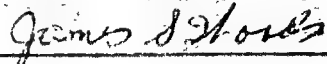


**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**

**O**

**CONFIDENTIAL**  
CLASSIFICATION

SECTION D		NARRATIVE COMMENTS	
Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.			
<p>Mr. Woods is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. Mr. Woods organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.</p> <p>Mr. Woods approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposes was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  <div style="text-align: center;">12</div>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE  27 July 1976	OFFICIAL TITLE OF SUPERVISOR  DC/CCS	TYPED OR PRINTED NAME AND SIGNATURE <div style="text-align: center;">               Arthur C. Close           </div>	
2. BY EMPLOYEE			
I HAVE <input type="checkbox"/> OR HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.	DATE  27 July 76	SIGNATURE OF EMPLOYEE <div style="text-align: center;">  </div>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL  <p>I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. Mr. Woods established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like Mr. Woods, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.</p>			
DATE  29 July 1976	OFFICIAL TITLE OF REVIEWING OFFICIAL  Chief, CCS	TYPED OR PRINTED NAME AND SIGNATURE <div style="text-align: center;">               Erich W. Isenstead           </div>	
4. BY EMPLOYEE			
I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE <input checked="" type="checkbox"/> HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.	DATE  29 July	SIGNATURE OF EMPLOYEE <div style="text-align: center;">               James S. Woods           </div>	

CLASSIFICATION  
**CONFIDENTIAL**



**SECRET**  
CLASSIFICATION

### FITNESS REPORT

SECTION A				GENERAL INFORMATION			
1. EMPLOYEE NUMBER <b>010032</b>		2. NAME (last, first, middle) <b>Woods, James S.</b>		3. DATE OF BIRTH <b>02/20/28</b>		4. SEX <b>M</b> 5. GRADE <b>GS-12</b> 6. DD <b>DAC</b>	
7. OFFICIAL POSITION TITLE <b>Records Admin OF-CH</b>		8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/CCS/REG</b>		9. CURRENT STATION <b>HQS</b>		10. CODE (if any) <b>X HQS</b> <b>DP</b>	
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to) <b>1 January 1975 - 30 June 1975</b>				14. DATE REPORT DUE IN O.P. <b>31 July 1975</b>			

SECTION B		QUALIFICATIONS UPDATE	
15. QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT. PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.			

SECTION C		PERFORMANCE EVALUATION	
<u>U-Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.	
<u>M-Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.	
<u>P-Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.	
<u>S-Strong</u>		Performance is characterized by exceptional proficiency.	
<u>O-Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.	

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 <b>Chief of Registry Section - supervises 7 employees</b>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.</b>	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER <b>S</b>

**SECRET**  
CLASSIFICATION

SECRET

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JUL 8 11 25 AM '75

During the 6 months under review Mr. Woods has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. Mr. Woods surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

1 year, 9 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

7 July 1975

OFFICIAL TITLE OF SUPERVISOR

Chief, CCS

TYPED OR PRINTED NAME AND SIGNATURE

Erich W. Isenstead

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

James S. Woods

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

James S. Woods

CLASSIFICATION

SECRET

CLASSIFICATION

FITNESS REPORT									
<b>SECTION A GENERAL INFORMATION</b>									
1. EMPLOYEE NUMBER 010032	2. NAME (last, first, middle) WOODS, JAMES S.				3. DATE OF BIRTH 02/20/28	4. SEX M	5. GRADE GS-12	6. SD D	
7. OFFICIAL POSITION TITLE RECORDS ADMIN OF-CH			8. OFF/DIV/BR OF ASSIGNMENT DDO/CCS/REGISTRY		9. CURRENT STATION HEADQUARTERS		10. CODE (4-6) X HQS DP		
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)		<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input checked="" type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (from-to) 1 June 1974-31 December 1974					14. DATE REPORT DUE IN O.P. 31 January 1974 (Retirement of Supervisor)				
<b>SECTION B QUALIFICATIONS UPDATE</b>									
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.									
<b>SECTION C PERFORMANCE EVALUATION</b>									
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>									
<b>SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
SPECIFIC DUTY NO. 1 Chief of Registry Section - supervises seven employees								RATING LETTER S	
SPECIFIC DUTY NO. 2 Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.								RATING LETTER O	
SPECIFIC DUTY NO. 3 CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974.								RATING LETTER S	
SPECIFIC DUTY NO. 4								RATING LETTER	
SPECIFIC DUTY NO. 5								RATING LETTER	
SPECIFIC DUTY NO. 6								RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.								RATING LETTER S	

FORM 45 9-73

CLASSIFICATION  
SECRET

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NOV 1974

SECRET  
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Since his last Fitness Report, in June 1974, Mr. Woods has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and Mr. Woods regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck".

Mr. Woods also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."

Finally it gives me pleasure to note here that, effective <sup>24</sup> November 1974, Mr. Woods will be given a well deserved promotion from GS 11/6 to GS 12/3.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
15 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
20 November 1974	Deputy Chief, CCS	<i>Carter H. Yates</i> Carter H. Yates
2. BY EMPLOYEE		
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE
HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	20 Nov 74	<i>James S. Woods</i> James S. Woods
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Both Mr. Yates' letter ratings and narrative comments accurately reflect the quality of Mr. Woods' performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of morale.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
25 November 1974	Chief, Cover and Commercial Staff	<i>Erich W. Isenstead</i> Erich W. Isenstead
4. BY EMPLOYEE		
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE	SIGNATURE OF EMPLOYEE
	25 Nov 74	<i>James S. Woods</i> James S. Woods

CLASSIFICATION  
SECRET

**S E C R E T**  
CLASSIFICATION

FITNESS REPORT									
<b>SECTION A GENERAL INFORMATION</b>									
1. EMPLOYEE NUMBER <b>010032</b>		2. NAME (last, first, middle) <b>WOODS, JAMES S.</b>			3. DATE OF BIRTH <b>02/20/28</b>		4. SEX <b>N</b>	5. GRADE <b>GS-11</b>	6. SD <b>D</b>
7. OFFICIAL POSITION TITLE <b>RECORDS ADMIN 07 - CH</b>			8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/CCS/REGISTRY</b>		9. CURRENT STATION <b>HEADQUARTERS</b>		10. CODE (if any) <b>X N08 DP</b>		
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL		
13. REPORTING PERIOD (from-to) <b>1 June 1973 - 31 May 1974</b>					14. DATE REPORT DUE IN O.P. <b>30 June 1974</b>				
<b>SECTION B QUALIFICATIONS UPDATE</b>									
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.									<b>NO</b>
<b>SECTION C PERFORMANCE EVALUATION</b>									
<p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>									
<b>SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).									RATING LETTER
SPECIFIC DUTY NO. 1 <b>Chief of Registry Section - supervises seven employees.</b>									<b>S</b>
SPECIFIC DUTY NO. 2 <b>Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.</b>									<b>O</b>
SPECIFIC DUTY NO. 3 <b>CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.</b>									<b>S</b>
SPECIFIC DUTY NO. 4									RATING LETTER
SPECIFIC DUTY NO. 5									RATING LETTER
SPECIFIC DUTY NO. 6									RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.									RATING LETTER <b>S</b>

SECRET  
CLASSIFICATION

SECTION D		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.</p> <p>After a short overlap with his predecessor, Mr. Woods assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, Mr. Woods quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.</p> <p>Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, Mr. Woods not only has had to learn the CCS "system" himself.</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10 mos			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
25 June 1974	DC/CCS	<i>Carter H. Yates</i> Carter H. Yates	
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE	
<input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	25 June 74	<i>James S. Woods</i> James S. Woods	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>In the relatively short period of his assignment to CCS, Mr. Woods has completely lived up to his advance billing as reflected in past fitness reports. Mr. Yates has provided the specifics of Mr. Woods' accomplishments and has left me only to say that Mr. Woods is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
1 Aug	C/CCS	<i>Erich W. Isenstead</i> Erich W. Isenstead	
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT.	DATE	SIGNATURE OF EMPLOYEE	
	1 July 74	<i>James S. Woods</i>	

CLASSIFICATION  
SECRET

**S E C R E T**

**Fitness Report    Woods, James D.    010032**

**SECTION D   NARRATIVE COMMENTS (continued)**

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, ADP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

Mr. Woods has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

**S E C R E T**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032	
SECTION A		GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
Woods, James S.		20 Feb 28	M	GS-11	D
6. OFFICIAL POSITION TITLE		7. OFF. DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer		DDO/EUR		Rome	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C) <input checked="" type="checkbox"/>		ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 June 72 - 31 May 73			
SECTION B		PERFORMANCE EVALUATION			
U-Unsatisfactory		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
M-Marginal		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.			
P-Proficient		Performance is satisfactory. Desired results are being produced in the manner expected.			
S-Strong		Performance is characterized by exceptional proficiency.			
O-Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Station Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program.					RATING LETTER O
SPECIFIC DUTY NO. 2 Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and out dated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to Hqs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.</p> <p>This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that Hqs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour in Rome. We are certainly glad he came.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
30 April 1973	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
23 May 1973	Admin Officer	/s/ Thomas McKinley	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>This officer has been remarkably effective during his tour in Rome. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served in Rome and that during this tour here he received a well-deserved promotion. Rome Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 May 1973	Ops Officer	/s/ William Acon, Jr.	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				010032			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Woods, James S.			20 Feb 28		M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Records Admin Officer			DDP/EUR/I		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
31 July 1972				1 October 1971 - 31 May 1972			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describes action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties.						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Station Records Officer - Responsible for the Station's Record Management Program.						O	
SPECIFIC DUTY NO. 3						RATING LETTER	
Cable Analyst - Processes and distributes all incoming and outgoing cable traffic.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Top Secret Control Officer.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						O	

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty in Rome. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 July 1972	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1972	Admin Officer	/s/ Thomas McKinley	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 July 1972	DCOS	/s/ Joseph A DiStefano	

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(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
Woods, James S.			20 Feb. '28	M	GS-10 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Records Admin Off			DDP/EUR/I Rome		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			4 July 1971-30 September 1971		
SECTION B PERFORMANCE EVALUATION					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Top Secret Control Officer.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>I have worked with this Officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after his arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his performance.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
4 October 1971	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
2½ months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Chief, Support	/s/ Thomas McKinley	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment, which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Deputy Chief of Station	/s/ Joseph A. Distefano	

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>010032</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>WOODS James S</b>			2. DATE OF BIRTH <b>20 Feb. 1923</b>	3. SEX <b>M</b>	4. GRADE <b>GS-10</b>
5. OFFICIAL POSITION/TITLE <b>Records Adm. Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR/Italian</b>	8. CURRENT STATION <b>Rome, Italy</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN U.S.			12. REPORTING PERIOD (From - to) <b>1 January 1971 - 30 May 1971</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Reviewed, retired and rationalized Italian Branch Files and explained same system to Branch personnel</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>3 AUG 1971</b>					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>O</b>

## SECRET

(When Filled In)

SECTION C - NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of handling of material for supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Mr. Woods first made a survey of the Augean stable that the Italian Branch files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of TYLOTE material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the Communist Party of Italy files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Pian files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!</p> <p>What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.</p> <p style="text-align: right;">/continued/</p>		
SECTION D - CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
	Subject now in Rome Station	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
4 months	See above	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 July 1971	ADC/EUR/Italy	R. Campbell James
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL I concur in the above evaluation. Subject turned in a most impressive performance during his brief time on the Italian Branch. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before: a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. Mr. Woods has a unique contribution to make in Rome or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing in Rome that he has just accomplished		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
27 July 1971	Chief/Italian Branch	Herschel F. Peak

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-2-

You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

---

Fitness Report

James S. Woods

(continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

SECRET



**SECRET**

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>010032</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Woods, James S.</b>			2. DATE OF BIRTH <b>20 Feb 23</b>	3. SEX <b>M</b>	4. GRADE 5. SD <b>GS-10 D</b>
6. OFFICIAL POSITION TITLE <b>Recs Adm Off</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR/BCR</b>		8. CURRENT STATION <b>London</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>30 November 1970</b>			12. REPORTING PERIOD (From - to) <b>30 June 1970 - 18 November 1970</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Responsible for organization and direct management of the Station Registry</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>First-line supervisor for two full-time registry assistants.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Organizes and implements review and purge of Registry and other Station files.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Prepares Station notices and outgoing correspondence on Registry matters.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Maintains and controls case file index and 201 file index.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Top Secret Control Officer</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

**SECRET**

Reviewed by CD-SPD/PPR

**SECRET**

*(When Filled In)*

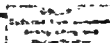
<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Managerial performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p>			
<p>In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "get the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
1. <b>BY EMPLOYEE</b>			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 Nov 1970	James S. Woods		
2. <b>BY SUPERVISOR</b>			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 November 1970	DCOS	/s/ Cameron J. LaClair	
3. <b>BY REVIEWING OFFICIAL</b>			
COMMENTS OF REVIEWING OFFICIAL			
<p>Although the rating officer is newly arrived in London, he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing London files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1970	COS	/s/ Rolfe Kingsley	

**SECRET**

**SECRET**

(When Filled In)

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b> 010032	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Woods, James S.</b>			2. DATE OF BIRTH <b>20 Feb. 23</b>	3. SEX <b>M</b>	4. GRADE 5. SD <b>GS-10 D</b>
6. OFFICIAL POSITION TITLE <b>Records Admin Off</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR/BCR</b>		8. CURRENT STATION <b>London</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 October 1969 - 30 June 1970</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Responsible for organization and direct management of station registry.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>First-line supervisor for two full-time and one part-time registry assistants.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Organizes and implements review and purge of registry and other station files.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Prepares station notices and outgoing correspondence on registry matters.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Maintains and controls case file index and 201 file index.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Top Secret Control Officer.</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> <b>3 JUL 1970</b>					
Take into account everything about the employee which influences his effectiveness in his current position: his performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p>			
<p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p>			
<p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p>			
<p>No criticism can be made of his security and cover deportment.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
18 June 1970	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 June 1970	DCOS	/s/ David Whipple	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
22 June 1970	COS	/s/ Bronson Tweedy	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>WOODS, James S.</b>			2. DATE OF BIRTH <b>20 Feb 23</b>	3. SEX <b>M</b>	4. GRADE <b>GS-10</b>
5. OFFICIAL POSITION TITLE <b>Records Admin Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR/BCR</b>	8. CURRENT STATION <b>London</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>31 October 1969</b>			12. REPORTING PERIOD (From - to) <b>18 November 1968-30 September 1969</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Responsible for organization and direct management of Station Registry.</b>					<b>S</b>
SPECIFIC DUTY NO. 2 <b>First-line supervisor for at first three, later two, full-time Registry personnel and one part-time Registry assistant.</b>					<b>S</b>
SPECIFIC DUTY NO. 3 <b>Provides informal training and guidance to some Station officers and secretaries on records procedures.</b>					<b>S</b>
SPECIFIC DUTY NO. 4 <b>Prepares Station Notices and outgoing correspondence on Registry matters.</b>					<b>P</b>
SPECIFIC DUTY NO. 5 <b>Maintains and controls case file index and 201 file index.</b>					<b>S</b>
SPECIFIC DUTY NO. 6 <b>Top Secret control officer.</b>					<b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>S</b>

**SECRET**

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>He arrived ten months ago at this post with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a Foreign Service reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 October 1969	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 October 1969		/s/ David D. Whipple	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
5 November 1969		/s/ Bronson Tweedy	

**SECRET**

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				010032			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SO
Woods, James S.			20 Feb 28		M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Records Admin Of			DDP/FE/VNO		Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				5 March 1968 - 5 October 1968			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief Station Registry						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Management and training of personnel under his supervision						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Scheduling of routine and exceptional work assigned to his unit.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation of routine and other reports on the activities of his Section.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Overall Security of Registry operations						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
<div style="position: absolute; left: -100px; top: 0px;">           8 OCT 1968            PK         </div>							
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

**SECRET**

(When Filled In)

**SECTION C** **NARRATIVE COMMENTS**  
 Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.

During this period, his unit has experienced heavy increases in workload and assumed new or additional functions with no reduction in the service provided to Station components.

Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.

The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.

Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".

<b>SECTION D</b> <b>CERTIFICATION AND COMMENTS</b>		
<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 Sept 1968	SIGNATURE OF EMPLOYEE /s/James S. Woods	
<b>2. BY SUPERVISOR</b>		
DATE 21 Sept 1968	OFFICIAL TITLE OF SUPERVISOR Records Admin Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/John K. Smith
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL  I concur in the ratings and comments of the Rating Officer.  Subject has been most amenable and responsive to positive direction.		
DATE 21 Sept 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/Vincent M. Lockhart

**SECRET**



**S E C R E T**

**-2-**

**NARRATIVE COMMENTS, Section C. (Continued)**

**I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.**

**Subject is cost conscious.**

**S E C R E T**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				010032			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Woods, James S.			20 Feb 28	M	GS-9	D	
6. OFFICIAL POSITION TITLE			7. OFF. DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Records Admin Officer			DDP/FE/VNO		Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):			<input checked="" type="checkbox"/> SPECIAL (Specify): Promotion				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 Oct 67 - 31 March 68				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief Station Registry						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Management and training of Personnel under his supervision						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Scheduling of routine and exceptional work assigned to his unit						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation of routine and other reports on the activities of his Section						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Overall Security of Registry operations						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.

He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.

Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.

Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.

He is properly cost conscious in the use of personnel, space and equipment.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  
Subject has not reviewed this report inasmuch as it recommends him for promotion.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

8 MAR 68

Records Admin Officer

/s/John K. Smith

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

5 March 1968

Ops Officer

/s/Vincent Lockhart

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032 ✓	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
Woods, James S.			20 Feb. '28	M	GS-9 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Records Admin Of			DDP/FE/VNO Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			10 May 1967 - 30 Sep. 1967		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief, Station Registry Section					P
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of personnel under his supervision					A
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Overall security of Registry operations.					A
SPECIFIC DUTY NO. 6					RATING LETTER
29 NOV 1967					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small>			
<p>Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.</p> <p>During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.</p> <p>Subject is cost conscious in the use of supplies and equipment in his Section.</p> <p>Subject is attending evening courses leading toward his degree to further himself professionally.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
14 Aug 1967	/s/James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Records Admin Officer	/s/John K. Salth	
3. BY REVIEWING OFFICIAL			
<p>COMMENTS OF REVIEWING OFFICIAL</p>  <p>I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Ops Officer	/s/Vincent M. Lockhart	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032 ✓	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) Woods, James S.			2. DATE OF BIRTH 20 Feb. 28	3. SEX M	4. GRADE GS 9
					5. SD D
6. OFFICIAL POSITION TITLE Records Admin Officer			7. OFF/DIV/BR OF ASSIGNMENT DIR/PE/THO		8. CURRENT STATION VIETNAM
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 14 Jan 67 - 9 May 67		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1  Chief, Registry with supervisory responsibility for 8 employees.					RATING LETTER  S
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<p align="center"><b>OVERALL PERFORMANCE IN CURRENT POSITION</b></p> <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
					RATING LETTER  S

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Jun 12 10 44 AM '67

Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.

Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.

**SECTION D.**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 8 May 1967	SIGNATURE OF EMPLOYEE /s/James S. Woods	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 May 1967	OFFICIAL TITLE OF SUPERVISOR Records Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/Richard Richardson
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL  Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station.		
DATE 15 May 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/Terry T. Shies

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032 ✓	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>WOODS JAMES</b>			2. DATE OF BIRTH <b>20 Feb 28</b>	3. SEX <b>M</b>	4. GRADE <b>GS-9</b>
5. OFFICIAL POSITION TITLE <b>Intel. Analyst - CH</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/FE/Pers/JKO</b>		6. CURRENT STATION <b>Tokyo</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>30 Sept 65 - 1 Sept 1966</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 Supervises six Registry employees					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Supervises the analysis and distribution of incoming and outgoing cables.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 Supervises the operation of the Station Flexowriters.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>



## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF THE
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>				
<p>FOSHAG has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.</p>				
<p>FOSHAG has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.</p>				
SECTION D CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
15 August 1966	James Woods /S/			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
14				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
16 August 1966	OPS. Officer	Kenneth Miller /S/		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
Concur in above rating.				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
17 August 1966	Chief of Station	William E. Nelson /S/		

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				010032			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Woods, James S.			20 Feb 28		M	GS-09	D
6. OFFICIAL POSITION/TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Intel Analyst Ch			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
NAV 30 1965				1 July - 30 September 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is <u>entirely</u> satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider <u>ONLY</u> effectiveness in performance of that duty. All employees with supervisory responsibilities <u>MUST</u> be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.							RATING LETTER O
SPECIFIC DUTY NO. 2 Supervises six Registry employees							RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.							RATING LETTER S
SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables.							RATING LETTER O
SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter.							RATING LETTER S
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S
15 DEC 1965							

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position based on perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Woods            During the four months [redacted] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.</p>			
<p>Woods            [redacted] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.</p>			
<p>Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
27 October 1965	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION		
4			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 October 1965	Ops Officer	/s/ Kenneth P. Miller	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflagging enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
2 November 1965	DCOS	/s/ Horace Z. Feldman	

SECRET

**SECRET**  
(When Filled In)

1371

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Woods, James S.</b>			2. DATE OF BIRTH <b>20 Feb 1923</b>	3. SEX <b>M</b>	4. GRADE <b>GS-09</b>
5. OFFICIAL POSITION TITLE <b>Intel Analyst Gen</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/FE</b>	8. CURRENT STATION <b>Tokyo</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 October 1964 - 30 June 1965</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - Strong</b> Performance is characterized by exceptional proficiency. <b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station					S
SPECIFIC DUTY NO. 2 Supervises six Registry employees					S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station					S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables					O
SPECIFIC DUTY NO. 5 Supervises the Station Flexowriter					S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
<b>29 JUN 1965</b>					S

SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for <del>rating</del> <sup>9 02 17</sup> <del>rating</del> <sup>9 02 17</sup> Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B in <del>provide</del> <sup>provide</sup> basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>As Chief of the Station Registry this employee continues to perform <del>at</del> <sup>9 02 17</sup> <del>at</del> <sup>9 02 17</sup> exceptional level with little supervision from his supervisor. His supervisor <del>is</del> <sup>is</sup> being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. <del>However</del> <sup>However</sup> there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is reconfirmed that this employee should be promoted to the next higher grade at the earliest possible opportunity.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
4 June 65	/s/ James S. Woods		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
45			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 June 65	Cop Officer	/s/ Frederick Randall	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject takes his job seriously and performs it in strong fashion. I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
10 June 65	DCGS	/s/ Horace Z. Feldman	

SECRET

~~CONFIDENTIAL~~ Attachment No. 10 FJLI 2202  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) Woods, (First) James (Middle) S.			2. DATE OF BIRTH 20 Feb 23	3. SEX M	4. GRADE GS-09	5. SD D	
6. OFFICIAL POSITION TITLE Intel Analyst Gen			7. OFF/DIV. BR OF ASSIGNMENT DDP/FE/JKO		8. CURRENT STATION Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P. 30 Nov 64			12. REPORTING PERIOD (From- to) 1 October 1963 - 30 September 1964				
SECTION B      PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station							S
SPECIFIC DUTY NO. 2 Supervises six Registry employees							S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station							S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables							S
SPECIFIC DUTY NO. 5 Supervises the Station Flexowriter							S
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

~~SECRET~~

(When Filled In)

<b>SECTION C</b>	<b>NARRATIVE COMMENTS</b>
------------------	---------------------------

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, as described, if applicable.

This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regrettable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.

<b>SECTION D</b>	<b>CERTIFICATION AND COMMENTS</b>
------------------	-----------------------------------

<b>1.</b>	<b>BY EMPLOYEE</b>
-----------	--------------------

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 1 Oct 64	SIGNATURE OF EMPLOYEE /s/ James S. Woods
------------------	---

<b>2.</b>	<b>BY SUPERVISOR</b>
-----------	----------------------

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
---	---

DATE 1 Oct 64	OFFICIAL TITLE OF SUPERVISOR Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Frederick Randall
------------------	---	--

<b>3.</b>	<b>BY REVIEWING OFFICIAL</b>
-----------	------------------------------

COMMENTS OF REVIEWING OFFICIAL

I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor.

DATE 29 Oct 64	OFFICIAL TITLE OF REVIEWING OFFICIAL COS	TYPED OR PRINTED NAME AND SIGNATURE /s/ William V. Broe
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~~SECRET~~

**CONFIDENTIAL**  
**SECRET**  
(When Filled In)

ATT TO FJTT-10860

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						10032	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Woods, James S.			20 Feb 28	N	GS-09	D	
6. OFFICIAL POSITION TITLE			7. OFF. DIVISION OF ASSIGNMENT		8. CURRENT STATION		
Intel Analyst Gen			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
30 November 1963			1 Oct 62-30 Sep 63				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Supervises six Registry employees						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Analyzes and distributes all incoming and outgoing Station cables.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
S						S	

**CONFIDENTIAL**  
**SECRET**



## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the Tokyo Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location at Fuchu Air Station. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employee's strong performance over the past year, he is being recommended for promotion to GS-10.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
10 Sept. 63	/s/ James S. Woods	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 Sept. 63	Chief, Ops Support Staff	/s/ Frederick Randall
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because rates has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
11 September 63	Deputy Chief of Station	Robert Wheeler <i>LS</i>

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
WOODS, James S.			20 Feb 28	M	GS-9	D	
6. OFFICIAL POSITION TITLE			7. OFF. DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Intel Analyst			DDP/FE		TOKYO		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Oct 61 - 30 Sept 62			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Supervises four Registry employees.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises a courier service which distributes correspondence to the five geographically separated elements of the Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As the Chief of the Tokyo Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 25 Oct. 1962	SIGNATURE OF EMPLOYEE James S. Woods /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE Frederick Randall
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRR service.		
DATE 26 Oct 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Robert P. Wheeler

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE'S SERIAL NUMBER CSPD...		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) <b>Woods, James</b>			2. DATE OF BIRTH <b>20 Feb 28</b>		3. SEX <b>M</b>	
4. GRADE <b>GS-9</b>			5. OFF/DIV/BR OF ASSIGNMENT <b>TOKYO STATION</b>			
6. SERVICE DESIGNATION <b>D</b>			7. OFFICIAL POSITION TITLE <b>Ops Officer</b>			
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.F.			11. REPORTING PERIOD			
			From <b>15 Apr 61</b> To <b>30 Sep 61</b> SPECIAL (Specify)			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding						
SPECIFIC DUTY NO. 1 <b>Chief of local registry, supervising four persons.</b>		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4		RATING NO.	
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">1</div>	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree    2 - Limited degree    3 - Normal degree    4 - Above average degree    5 - Outstanding degree						
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING
						1 2 3 4 5
GETS THINGS DONE						
RESOURCEFUL						
ACCEPTS RESPONSIBILITIES						
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						
DOES HIS JOB WITHOUT STRONG SUPPORT						
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X	
WRITES EFFECTIVELY					X	
SECURITY CONSCIOUS						
THINKS CLEARLY						
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for developing and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide basis for determining future personnel actions.

Ratee has been in charge of station registry since 24 April 61. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (RI) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention seems to me that he is doing well. Another six months should tell us more on this score.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

6 Oct 61

SIGNATURE OF EMPLOYEE

[Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 30 DAYS

REPORT MADE WITHIN LAST 30 DAYS

OTHER (Specify):

DATE

6 Oct 61

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

Wheeler, Robert P.

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

6 Oct 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

Wheeler, Robert P.

SECRET

**SECRET**  
(When Filled In)

20 DEC 1960

<b>218150</b> <b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 110032	
<b>SECTION A GENERAL</b>					
1. NAME (Last) <b>NEEDS</b>		(First) <b>James</b>		(Middle) <b>S.</b>	
2. DATE OF BIRTH 20 February 1928		3. SEX M		4. GRADE GS-9	
5. SERVICE DESIGNATION DI		6. OFFICIAL POSITION TITLE Records Management Officer		7. OFF/DIV/BR OF ASSIGNMENT DDP/12/Secretariat	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. 31 October 1960		11. REPORTING PERIOD From Sep 57 - 30 Sep 60		12. SPECIAL (Specify)	
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1    Liaison with RID, DDP/RMO, DDP/MTU, other Division records officers, etc., re implementation of DDP records management program		RATING NO. 6	SPECIFIC DUTY NO. 4    Assistance to FE personnel in problems of retention and retirement of records		RATING NO. 6
SPECIFIC DUTY NO. 2    Training and assistance to FE personnel in records management procedures		RATING NO. 5	SPECIFIC DUTY NO. 5    Guidance to field records officers		RATING NO. 5
SPECIFIC DUTY NO. 3    Planning and development of Division vital materials program		RATING NO. 5	SPECIFIC DUTY NO. 6    Implementation of various records purges and records programs		RATING NO. 5
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT DERIVED	RATING
					1 2 3 4 5
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and his ability to accept greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

Mr. Woods' work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and ~~establishment~~ up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work Mr. Woods is doing on this detail.

Mr. Woods' work during the last year was the basis for a commendation of the Division's records program by CDP.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 16 DEC 1960

SIGNATURE OF EMPLOYEE

*James J. Woods*

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

20

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

16 December 1960

OFFICIAL TITLE OF SUPERVISOR

C/FE/ESEC

TYPED OR PRINTED NAME AND SIGNATURE

*Harriet L. Weller*  
Harriet L. Weller

## 3. BY REVIEWING OFFICIAL

☒ I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I COULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

FE/EXO

TYPED OR PRINTED NAME AND SIGNATURE

*Orrin R. Magill, Jr.*  
Orrin R. Magill, Jr.

SECRET

**SECRET**  
(When Filled In)

RECORDED  
6020

1 JUL 1959

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; padding: 2px;">110032</div>			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <div style="display: flex; justify-content: space-between;"><span>Wade</span><span>Gomez</span><span>J.</span></div>			2. DATE OF BIRTH <div style="border-bottom: 1px solid black;">20 February 1928</div>		3. SEX <div style="border-bottom: 1px solid black;">M</div>		4. GRADE <div style="border-bottom: 1px solid black;">GS-9</div>
5. SERVICE DESIGNATION <div style="border-bottom: 1px solid black;">DI</div>		6. OFFICIAL POSITION TITLE <div style="border-bottom: 1px solid black;">Records Mgmt Officer</div>			7. OFF/DIV/BR OF ASSIGNMENT <div style="border-bottom: 1px solid black;">OFFICE/Secretariat</div>		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE		<input checked="" type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
10. DATE REPORT DUE IN O.P. <div style="border-bottom: 1px solid black;">31 October 1959</div>				11. REPORTING PERIOD From <div style="border-bottom: 1px solid black;">58-50 Sep 59</div> To <div style="border-bottom: 1px solid black;">59</div>		12. SPECIAL (Specify)	
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc, re implementation of records mgt program				RATING NO. <div style="border: 1px solid black; text-align: center;">6</div>		SPECIFIC DUTY NO. 4 Assistance to FE personnel in problems of retention and retirement of records	
SPECIFIC DUTY NO. 2 Training and assistance for FE personnel in records mgt procedures				RATING NO. <div style="border: 1px solid black; text-align: center;">4</div>		SPECIFIC DUTY NO. 5 Guidance to field records officers	
SPECIFIC DUTY NO. 3 Planning and development of Division vital materials program				RATING NO. <div style="border: 1px solid black; text-align: center;">4</div>		SPECIFIC DUTY NO. 6 Guidance in all records problems	
RATING NO. <div style="border: 1px solid black; text-align: center;">5</div>							
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. <div style="border: 1px solid black; text-align: center; width: 30px; height: 30px; margin: 0 auto;">5</div>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
5 - Outstanding degree							
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING	
						1	2
						3	4
						5	
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
WRITES EFFECTIVELY						X	
SECURITY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X
OTHER (Specify):							
SEE SECTION "E" ON REVERSE SIDE							



SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.

He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.

Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.

This report has been prepared in accordance with FE Division standards which recognize the value of placing the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 29 Oct 59	SIGNATURE OF EMPLOYEE James S. Hoods	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 27 October 1959	OFFICIAL TITLE OF SUPERVISOR C/FE/ESEC	TYPED OR PRINTED NAME AND SIGNATURE Harriet Weiler
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL FE/EXO	TYPED OR PRINTED NAME AND SIGNATURE Orin E. Magill, Jr.

SECRET

SECRET

(When Filled In)

FF-25

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B, of Section "A" below.

## SECTION A.

## GENERAL

1. NAME (Last) <b>Woods</b>	2. DATE OF BIRTH <b>20 Feb 38</b>	3. SEX <b>M</b>	4. SERVICE DESIGNATION <b>DT</b>
5. OFFICE DIVISION BRANCH OF ASSIGNMENT <b>DDP/ FE/PSR/Manila</b>	6. OFFICIAL POSITION TITLE <b>Asst. Dir. of Insp.</b>		
7. GRADE <b>GS-7</b>	8. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>21 August 1958 - 4 Sept 1958</b>		
9. TYPE OF REPORT (Check one)	10. SPECIAL (Specify) <b>For TDY Period--MELR</b>		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR	<input checked="" type="checkbox"/> SPECIAL (Specify)	
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE	<input checked="" type="checkbox"/> For TDY Period--MELR	

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Subject left station

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER WAS SENT TO HIM AS A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE <b>18 Sept 1958</b>	C. SUPERVISOR'S OFFICIAL TITLE <b>Collins G. Harrison of Station, Molb</b>
2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.	

BY <b>[Signature]</b>	DATE <b>13 NOV 1958</b>
OFFICIAL TITLE OF REVIEWING OFFICIAL <b>[Signature]</b>	

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
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## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5	1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.
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COMMENTS: This rating covers the period 21 August - 4 September 1958, while subject was in Melbourne surveying Station files and installing new RI standardized filing system.

## SECRET

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES		OFFICE OF PERSONNEL				
<p><b>DIRECTIONS:</b></p> <p>a. State in the space below up to six of the more important SPECIFIC duties performed during this period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as a supervisor's duty).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same or at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;">           ORAL BRIEFING            GIVING LECTURES            CONDUCTING SEMINARS            WRITING TECHNICAL REPORTS            CONDUCTING EXTERNAL LIAISON            TYPING            TAKING DICTATION            SUPERVISING         </td> <td style="vertical-align: top;">           HAS AND USES AREA KNOWLEDGE            DEVELOPS NEW PROGRAMS            ANALYZES INDUSTRIAL REPORTS            MANAGES FILES            OPERATES RADIO            COORDINATES WITH OTHER OFFICES            WRITES REGULATIONS            PREPARES CORRESPONDENCE         </td> <td style="vertical-align: top;">           CONDUCTS INTERVIEWS            PREPARES SUMMARIES            TRANSLATES GERMAN            DEBRIEFING SOURCES            KEYS BOOKS            DRIVES TRUCK            MAINTAINS AIR CONDITIONING            EVALUATES SIGNIFICANCE OF DATA         </td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERVIEWS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEYS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERVIEWS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEYS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA				
<b>DESCRIPTIVE RATING NUMBER</b>	1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3. PERFORMS THIS DUTY ACCEPTABLY 4. PERFORMS THIS DUTY IN A COMPETENT MANNER 5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS DOING SIMILAR JOBS 7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY				
SPECIFIC DUTY NO. 1  <b>Installing new RI Filing System</b>	<b>RATING NUMBER</b> 5	SPECIFIC DUTY NO. 4  <b>Develops new Programs</b>	<b>RATING NUMBER</b> 5			
SPECIFIC DUTY NO. 2  <b>Surveying Station Files</b>	<b>RATING NUMBER</b> 5	SPECIFIC DUTY NO. 5  <b>Manages Files</b>	<b>RATING NUMBER</b> 5			
SPECIFIC DUTY NO. 3  <b>Oral Briefing</b>	<b>RATING NUMBER</b> 5	SPECIFIC DUTY NO. 6	<b>RATING NUMBER</b>			
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job</p> <p><b>STRENGTHS:</b> Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the Melbourne Station.</p> <p><b>WEAKNESSES:</b> None observed.</p>						
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the past, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div> </td> <td style="width: 95%;">           1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED            2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW            3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION            4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION            5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS            6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION            7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION         </td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				<div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div>	1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION	
<div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div>	1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION					

SECRET

SECRET

(When Filled In)

25

PWA

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) <b>WOODS</b> (First) <b>James</b> (Middle) <b>S.</b>	2. DATE OF BIRTH <b>20 Feb. 1928</b>	3. SEX <b>M</b>	4. SERVICE DESIGNATION <b>DI</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>Naval</b>		6. OFFICIAL POSITION/TITLE <b>Records Management Analyst</b>	
7. GRADE <b>GS-7</b>	8. DATE REPORT DUE IN OP <b>8 December 1957 - September 1958</b>	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10. TYPE OF REPORT (Check one)	INITIAL <input type="checkbox"/>	REASSIGNMENT-SUPERVISOR <input type="checkbox"/>	SPECIAL (Specify) <b>Promotion</b>
	ANNUAL <input type="checkbox"/>	REASSIGNMENT-EMPLOYEE <input checked="" type="checkbox"/>	

## SECTION B.

## CERTIFICATION

1. FOR THE RATER, THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

**Absent from Station. Will be shown upon return.**

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS <b>SEE ATTACHED REPORTS</b>	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL ANYMORE NOR I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS DEFICIENCIES AND RECOMMENDATIONS SO THAT HE KNOWS WHERE HE STANDS.	<input checked="" type="checkbox"/> <b>Will upon return to Station.</b>

8. THIS DATE <b>4 Sept 1958</b>	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR <b>Ray F. Drummond</b>	D. SUPERVISOR'S OFFICIAL TITLE <b>C/Adm</b>
9. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.		

BY <b>H.B.</b>	DATE <b>10/10/58</b>
<input type="checkbox"/> CONTINUED ON ATTACHED SHEET	

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE <b>4 Sept 1958</b>	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <b>George E. Aurell</b>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>COG</b>
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## SECTION C. JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 5**
1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPLIANT.
  2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
  3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
  4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
  5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
  6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS

SECRET

Performance

141

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed by this rating person. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width: 100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES																									
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p style="text-align: right;">OFFICE OF PERSONNEL OCT 14 9 27 AM '58 MAIL ROOM</p>																											
<p>DESCRIPTIVE RATING NUMBER</p>	<p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
<p>SPECIFIC DUTY NO. 1</p> <p><b>Supervises 2 Records Mgm. Analysts</b></p>	<p>RATING NUMBER</p> <p style="text-align: center;"><b>5</b></p>	<p>SPECIFIC DUTY NO. 4</p> <p><b>Processes files in accordance with Specific Records System</b></p>	<p>RATING NUMBER</p> <p style="text-align: center;"><b>6</b></p>																								
<p>SPECIFIC DUTY NO. 2</p> <p><b>Devises Records Systems to suit Station needs.</b></p>	<p>RATING NUMBER</p> <p style="text-align: center;"><b>6</b></p>	<p>SPECIFIC DUTY NO. 5</p>	<p>RATING NUMBER</p>																								
<p>SPECIFIC DUTY NO. 3</p> <p><b>Trains Station personnel in Records maintenance.</b></p>	<p>RATING NUMBER</p> <p style="text-align: center;"><b>5</b></p>	<p>SPECIFIC DUTY NO. 6</p>	<p>RATING NUMBER</p>																								
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p><b>Strengths:</b> Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.</p> <p><b>Weakness:</b> No notable weaknesses.</p>																											
<p style="text-align: center;"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO REASONABLY SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																											
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>EXPLAIN FULLY:</p>																											

SECRET

SECRET

(When Filled In)

# FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
WOODE	James	E.	20 Feb, 1928	M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
Hawaii			Records Management Analyst		
7. GRADE	8. DATE REPORT DUE IN OF		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
08-7			8 December 1957 - September 1958		
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)		
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion		

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
1 Sept, 1958	Ray F. Drummond	C/Adm
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
1 Sept, 1958	George E. Aurell	COB

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES
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RATING NUMBER

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor)		
	3	A GROUP OF SUPERVISORS WHO PERFORM THE BASIC JOB (Second line supervisors)		
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
	3	WHEN IMMEDIATE SUPERVISORS INCLUDE MEMBERS OF THE OPPOSITE SEX		
		Other (Specify)		

**SECRET**

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION <b>6 months</b>	4. COMMENTS CONCERNING POTENTIAL  <div style="text-align: right;"> <b>OFFICE OF PERSONNEL</b>  <b>Oct 14 9 17 AM '58</b>  <b>MAIL ROOM</b> </div>
--	---

SECTION II. FUTURE PLANS
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  <b>None planned nor available while on current overseas tour.</b>
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS  <b>Subject single and willing serve geographic locations. Believe subject performs best in demanding assignments.</b>

SECTION I. DESCRIPTION OF INDIVIDUAL					
<b>DIRECTIONS:</b> This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.					
X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE					
CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	3	18. IS OBEYANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN Cope WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	5	30. DOES NOT BRAG ABOUT STRENGTH AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled In)

FF-35 20 SEP 58

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-376. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) <b>WOODS</b> (First) <b>James</b> (Middle) <b>B.</b>	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN '58	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>4 April - 30 June 1958</b>	
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) <b>T.D.Y.</b>

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.  
**Report prepared after subject departed this station**

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND <del>OTHER</del> SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE <b>10 July 1958</b>	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR <b>Orrin R. Merrill, Jr.</b>	D. SUPERVISOR'S OFFICIAL TITLE
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY **J.B.** DATE **11 OCT 1958**  
**ALL** **10/20/58**

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <b>Nicholas A. Hatzios</b>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
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## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 6**
1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
  2. Barely adequate in performance. Although he has had specific guidance or training, he often fails to carry out responsibilities.
  3. Performs most of his duties acceptably, occasionally reveals some areas of weakness.
  4. Performs duties in a competent, effective manner.
  5. A good performance. Carries out many of his responsibilities exceptionally well.
  6. Performs his duties in such an outstanding manner that he is equalled by few other persons known to the supervisor.

COMMENTS:



SECRET

(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervision those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING  
GIVING LECTURES  
CONDUCTING SEMINARS  
WRITING TECHNICAL REPORTS  
CONDUCTING EXTERNAL LIAISON  
TYPING  
TAKING DICTATION  
SUPERVISING

HAS AND USES AREA KNOWLEDGE  
DEVELOPS NEW PROGRAMS  
ANALYZES INDUSTRIAL REPORTS  
MANAGES FILES  
OPERATES RADIO  
COORDINATES WITH OTHER OFFICES  
WRITES REGULATIONS  
PREPARES CORRESPONDENCE

CONDUCTS INTERROGATIONS  
PREPARES SUMMARIES  
TRANSLATES GERMAN  
DEBRIEFING SOURCES  
KEEPS BOOKS  
DRIVES TRUCK  
MAINTAINS AIR CONDITIONING  
EVALUATES SIGNIFICANCE OF DATA

- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
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SPECIFIC DUTY NO. 1 Analysis of records problems and establishing records procedures	RATING NUMBER 6	SPECIFIC DUTY NO. 2	RATING NUMBER
SPECIFIC DUTY NO. 2 Supervising	RATING NUMBER 6	SPECIFIC DUTY NO. 3	RATING NUMBER
SPECIFIC DUTY NO. 3 Keeping his own records and reporting on work progress	RATING NUMBER 5	SPECIFIC DUTY NO. 4	RATING NUMBER

3. NARRATIVE DESCRIPTION OF WAYNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

SECTION 4. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...COULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

20 SEP 1958

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last) Woods	(First) James	(Middle) S.	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 April - 30 June 1958			
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify) T.D.I.		
	ANNUAL	REASSIGNMENT-EMPLOYEE			

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE 10 July 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR James Orrin R. Magill, Jr.	C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE 10 July 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL Nicholas A. Natsios	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
1	BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	
2	BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	
3	BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION	
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) - WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	3	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	3	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	0	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
	0	Other (Specify)

SECRET

Potential

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **Three**

4. COMMENTS CONCERNING POTENTIAL  
From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinates to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

3

None

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

None

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X = HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	5	24. DOES WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
5	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	X	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE SYMBOLIC AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section "A" below.

## SECTION A.

## GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
WOODS	James		20 Feb 1928	M	SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
FI RI A&O			GS-0132.35-7 Intel Analyst		
7. GRADE	8. DATE REPORT DUE IN OP		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
GS-7			21 January 1957 - 15 July 1957		
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR		SPECIAL (Specify)
		ANNUAL	X REASSIGNMENT-EMPLOYEE		

## SECTION B.

## CERTIFICATION

3. FOR THE RATER: THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.  
NOT: Mr. Woods is on temporary duty in Mexico City, Mexico.

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

4. THIS DATE 22 July 1957  
 5. SIGNED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR James L. Brogdon  
 6. SUPERVISOR'S OFFICIAL TITLE Coordinator, 201 Control Unit, RI/Analysis Section

7. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted Pos. Control	20 7/23/57
Reviewed by PUD	D. L. REEDY 10-8-57

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 22 July 1957  
 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL John L. Murray  
 C. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/Analysis Section

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |                            |   |
|----------------------------|---|
| INSERT<br>RATING<br>NUMBER | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|                            | 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|                            | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF NEARNESS.  |
|                            | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|                            | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|                            | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS: Mr. Woods departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicate he is doing a commendable job.

AUG 16 3:19 PM '57

SECRET

(when filled in)

2. RATINGS ON PERFORMANCE OF MAINTENANCE PERSONNEL																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise is rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>NAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	NAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	NAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
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CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																											
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p>																											
<p><b>SECTION 2. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>																											

SECRET

## SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, held and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
WOODS James	20 Feb 1928	M	SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
FI RI AAO		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (inclusive dates)	
GS-7		21 January 1957 - 15 July 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
INITIAL	REASSIGNMENT-SUPERVISOR		
ANNUAL	REASSIGNMENT-EMPLOYEE		

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

--

RATING NUMBER

1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

- |                           |   |
|---------------------------|---|
| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION              |
|                           | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION     |
|                           | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |
|                           | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION           |

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisors)
		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

OFFICE OF PERSONNEL  
**SECRET**  
(When Filled-In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS SINCE THE INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION

APR 16 3 19 PM '57

4. COMMENTS CONCERNING POTENTIAL

MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

**CATEGORY NUMBER**

- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
	1. ABLE TO SEE ANOTHER'S POINT OF VIEW		11. HAS HIGH STANDARDS OF ACCOMPLISHMENT		21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		12. SHOWS ORIGINALITY		22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
	3. HAS INITIATIVE		13. ACCEPTS RESPONSIBILITIES		23. IS THOUGHTFUL OF OTHERS
	4. IS ANALYTIC IN HIS THINKING		14. ADMITS HIS ERRORS		24. WORKS WELL UNDER PRESSURE
	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS		15. RESPONDS WELL TO SUPERVISION		25. DISPLAYS JUDGEMENT
	6. ENJOYS WHEN TO SEEK ASSISTANCE		16. DOES HIS JOB WITHOUT STRONG SUPPORT		26. IS SECURITY CONSCIOUS
	7. CAN GET ALONG WITH PEOPLE		17. COMES UP WITH SOLUTIONS TO PROBLEMS		27. IS VERSATILE
	8. HAS MEMORY FOR FACTS		18. IS OBSERVANT		28. HIS CRITICISM IS CONSTRUCTIVE
	9. GETS THINGS DONE		19. THINKS CLEARLY		29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES		20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS		30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
WOODS, James S.	20 Feb 1928	M	SD&DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
RI RI AEO	OS-0132.35-7 Intel Analyst		
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7	21 Jan 57	21 January 1956 - 20 January 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE			

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

2. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

3. THIS DATE	4. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	5. SUPERVISOR'S OFFICIAL TITLE
5 Feb 1957	James L. Brogdon James L. Brogdon	Coordinator 201 Control Unit

6. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Mr. Woods since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registry on a standard equating with this evaluation.

Posted Pos. Control

DATE

11 FEB 57

Reviewed by RUD

2-7-57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

7. THIS DATE	8. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	9. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Feb 1957	John J. Murray, Jr.	Supervisor, RI/AN Section

## SECTION C. JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

<p>5</p> <p>INSET RATING NUMBER</p>	1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:



SECRET

(When Filled In)

FILE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the most important SPECIFIC duties performed during the rating period. Place the most important first. Do not include more than six important duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Analysis - subjective analysis of CE, FI and PP material.	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Assignment Management - Organization & scheduling of work.	RATING NUMBER 5
SPECIFIC DUTY NO. 2 Analysis - Quantitative	RATING NUMBER 5	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Has and uses area knowledge.	RATING NUMBER 4	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

During the short time Mr. Woods has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- FACILELY BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
WOODS, James S.	20 Feb 1928	M	SD-1
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
FI RI ALO	OS-0132.35-7 Intel Analyst		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7	21 Jan 57	21 January 1956 - 20 January 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
5 Feb 1957	James L. Brogdon	Coordinator 201 Control Unit
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND AGREE WITH ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Feb 1957	John J. Murray, Jr.	Supervisor, RI/Analysis Section

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES  
 DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

5	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
4	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
5	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
	3	A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)		
	2	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	0	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	0	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
	2	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		OTHER (Specify)		

**SECRET**

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION.  
**Three Months**

4. COMMENTS CONCERNING POTENTIAL

Mr. Woods is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

**SECTION II.**

**FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

**Training within the established FI/RI pattern.**

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I.**

**DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS TOLERANT OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CONDUCT IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	3	30. DEMONSTRATES STRONG AND EFFECTIVE SUPERVISORY SKILLS

**SECRET**

SECRET

## FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows what he stands for.

Rated Pos. Control *WHR*

28 MAY 1956

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

James S. Woods

1. DATE OF BIRTH  
25 Feb. 19282. SEX  
M3. SERVICE DESIGNATION  
DI

4. GRADE

GS-7

5. STATION DESIGNATION (Current)

KOBIA/Hqs

6. DUE DATE OF THIS REPORT

April 1956

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

15 April 1955 - 15 April 1956

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1954

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

ity

Subject is an intelligence analyst in the Personal File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all KOBIA file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (True)	2. NAME OF REVIEWING OFFICIAL IN FIELD (True)
Agnes M. Primo	Paul B. Breitwieser
3. THIS REPORT WAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES NOT SHOWN TO THE INDIVIDUAL BEING RATED.	
4. DATE REPORT AUTHENTICATED AT Hqs.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
1 May 1956	William E. Nelson, CEE/1

DO NOT COMPLETE

FOR HEADQUARTERS USE ONLY

SECRET

**SECRET**  
(When Filled In)

OFFICE OF PERSONNEL

**SECTION IV**

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT. OR. SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES		X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.	X					
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X		
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.				X		
6. ANALYTIC IN HIS THINKING.				X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.				X		
9. HAS SENSE OF HUMOR.				X		
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.				X		
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X	
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA: CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.				X		
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.				X		
23. RESPONDS WELL TO SUPERVISION.				X		
24. EVEN DISPOSITION.				X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT				X		

**SECRET**

20. CAN THINK ON HIS FEET.
21. COMES UP WITH SOLUTIONS TO PROBLEMS.
22. STIMULATING TO ASSOCIATES; A "SPARK PLUG".
23. TOUGH MINDED.
24. OBSERVANT.
25. CAPABLE.
26. CLEAR THINKING.
27. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.
28. EVALUATES SELF REALISTICALLY.
29. WELL INFORMED ABOUT CURRENT EVENTS.
30. DELIBERATE.
31. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.
32. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.
33. THOUGHTFUL OF OTHERS.
34. WORKS WELL UNDER PRESSURE.
35. DISPLAYS JOHNSON.
36. GIVES CREDIT WHERE CREDIT IS DUE.
37. HAS DRIVE.
38. IS SECURITY CONSCIOUS.
39. VERSATILE.
40. HIS CRITICISM IS CONSTRUCTIVE.
41. ABLE TO INFLUENCE OTHERS.
42. FACILITATES EFFICIENT OPERATION OF HIS OFFICE.
43. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.
44. A GOOD SUPERVISOR.

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working and more than willing to work long hours. Subject has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

D. WARY 021 415 4789 2NDING PEANESSCS

Subject is weak in his ability to express himself in writing.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS COUNTERS ALL OTHER CONSIDERATIONS.  
 Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

## SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.  
☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.  
☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  
☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.  
☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  
☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.  
☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION; IRRITATED BY RESTRICTIONS; REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.  
☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BOTHERED BY MINOR FRUSTRATIONS; WILL QUIT IF THESE CONTINUE.  
☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT; HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.  
☒ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.  
☐ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BEARING AN UNEXPECTED OUTSIDE OPPORTUNITY WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.  
☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY LEAVE ONLY FOR WORKING ANY PLACE BUT IN THE ORGANIZATION.

D. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.  
☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.  
☒ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.  
☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.  
☐ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.  
☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating; skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.  
☐ 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.  
☐ 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.  
☐ 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.  
☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.  
☐ 6. AN ESPECIALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.  
☐ 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET

DDP-FF 7-7

SECRET  
(When Filled In)

## FIELD FITNESS REPORT

COPIED

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows the standards of his work.

Reviewed by FUD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

James S. Woods

1. DATE OF BIRTH

25 Feb 1928

2. SEX

M

3. SERVICE DESIGNATION

SD-D

4. GRADE

GS-5

5. STATION DESIGNATION (Current)

Korea Mission Headquarters

6. DUE DATE OF THIS REPORT

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

1 November 1954 - 14 April 1955

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

0136.52

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1955

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Korea Mission file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (True)

Agnes M. Irine

2. NAME OF REVIEWING OFFICIAL IN FIELD (True)

John L. Hart

3. THIS REPORT ☐ WAS ☐ WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.

4. DATE REPORT AUTHENTICATED AT HQS.

29 April 55

5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES

William E. Nelson

William E. Nelson

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY



**SECRET**  
(When Filled In)

**SECTION IV**

*OFFICE OF PERSONNEL*

This section is provided as an aid in describing the individual. Your description is not responsible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The description words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to most people. On the right hand side of the page are four major categories of descriptions. The second category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. One of the statements on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite notion that the description is not at all suited to the individual.

STATEMENTS		CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.			X				
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X			
3. CAUTIOUS IN ACTION.					X		
4. HAS INITIATIVE.						X	
5. UNEMOTIONAL.					X		
6. ANALYTIC IN HIS THINKING.					X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X		
9. HAS SENSE OF HUMOR.					X		
10. KNOWS WHEN TO SEEK ASSISTANCE.					X		
11. CALM.					X		
12. CAN GET ALONG WITH PEOPLE.					X		
13. MEMORY FOR FACTS.					X		
14. GETS THINGS DONE.						X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.						X	
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.						X	
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.						X	
19. HAS WIDE RANGE OF INFORMATION.					X		
20. SHOWS ORIGINALITY.					X		
21. ACCEPTS RESPONSIBILITIES.						X	
22. ADMITS HIS ERRORS.					X		
23. RESPONDS WELL TO SUPERVISION.					X		
24. EVEN DISPOSITION.					X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X		

**SECRET**

**SECRET**  
(When Filled In)

[illegible]

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

9. WHAT ARE HIS OUTSTANDING ACHIEVEMENTS?

Subject is weak in his ability to express himself in writing.

**SECRET**  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:

Subject's stamina and persistence in accomplishing his tasks in **81-01100000**  
amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

May 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

**SECTION VI**

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- ☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- ☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- ☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- ☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- ☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- ☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... FRANK BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- ☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- ☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- ☐ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- ☒ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- ☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- ☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- ☐ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- ☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- ☒ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- ☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE PERSONS WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- ☐ 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- ☐ 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- ☐ 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- ☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- ☐ 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- ☐ 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

**SECRET**

**SECRET**  
SECURITY INFORMATION

<p>FE 9 JWC/DV</p> <p align="center"><b>PERSONNEL EVALUATION REPORT</b></p> <p><i>Review</i></p>		<p align="right">DATE <i>28 June 54</i></p>									
Items 1 through 6 will be completed by Administrative or Personnel Officer											
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. GRADE								
WOODS, James S.			GS-5								
5. POSITION TITLE		6. OFFICE									
Intel. Anal. CD-FT		DDP/FI/RI									
7. STAFF OR DIVISION		8. BRANCH									
P & R Branch		Consol Section									
9. DEPT'L.		10. IF FIELD, SPECIFY STATION									
<input checked="" type="checkbox"/> DEPT'L.		<input type="checkbox"/> FIELD									
11. PERIOD COVERED BY REPORT		12. TYPE OF REPORT									
From 21 Apr. 53 To 20 Apr. 54		<input type="checkbox"/> Initial <input type="checkbox"/> Reassignment <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Reassignment of Supervisor									
Items 7 through 10 will be completed by the person evaluated											
7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES. As senior analyst on the EE/FI/G/Z area my duties consist of: (A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) analyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case. (B) Liaison with the area desk. (C) Supervising the work of the junior analyst.											
8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD. <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Name of Course</th> <th>Location</th> <th>Length of Course</th> <th>Date Completed</th> </tr> </thead> <tbody> <tr> <td align="center" colspan="4">NONE</td> </tr> </tbody> </table>				Name of Course	Location	Length of Course	Date Completed	NONE			
Name of Course	Location	Length of Course	Date Completed								
NONE											
9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED? Intelligence work at the desk level. IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS). Two years experience in RI.											
10. <span style="float: right;"><i>James S Woods</i></span> <div style="display: flex; justify-content: space-between;"> <div>12 April 1954</div> <div>SIGNATURE</div> </div>											
Items 11 through 13 will be completed by Supervisor											
11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE. Mr. Woods has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk.											

**SECRET**  
SECURITY INFORMATION

OFFICE OF PERSONNEL

<p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p>Mr. Woods has performed his duties most outstandingly by virtue of his information and maintenance of excellent liaison relations.</p>	
<p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>	
<p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p>Mr. Woods has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.</p>	
<p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p>Mr. Woods could qualify as an Intelligence Analyst in any of the appropriate section of RI.</p>	
<p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p>None at this time</p>	
<p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>	
<p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>	
<p>13 April 54 DATE</p>	<p>Harry D. Randall SIGNATURE OF SUPERVISOR</p>
<p>18 May 1954 DATE</p>	<p>John K. Smith SIGNATURE OF REVIEWING OFFICIAL</p>
<p>20. COMMENTS: (if necessary, may be continued on reverse side of cover sheet.)</p> <p>Subject transferred to FE effective 25 April 1954.</p> <p><i>over</i></p>	

**SECRET**

**SECRET**  
SECURITY INFORMATION

**PERSONNEL EVALUATION REPORT**

*Items 1 through 6 will be completed by Administrative or Personnel Officer*

1. NAME (Last) <b>WOODS</b>	(First) <b>James</b>	(Middle) <b>S.</b>	2. GRADE <b>GS-4</b>	3. POSITION TITLE <b>File Clerk</b>
4. OFFICE <b>DD/P</b>	STAFF OR DIVISION <b>FI</b>	BRANCH <b>RI</b>	<input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD	IF FIELD, SPECIFY STATION
5. PERIOD COVERED BY REPORT from <b>4-21-52</b> to <b>4-21-53</b>		6. TYPE OF REPORT <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor		

*Items 7 through 10 will be completed by the person evaluated*

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Review and analyze material for consolidation of FOI Personality Files. This includes making a complete impartial name check in RI/SC index and a complete search for all material pertinent to the subject in the RI/Files. Also maintain liaison with the AFSA's.  
 After reviewing documents, make up Cross References and any Document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
None			

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Accounting.  
 IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (AFFITUDE, KNOWLEDGE, SKILLS).  
 Two years of Accounting and law school.

10.

9 April 1953

DATE

*James S Woods*

SIGNATURE

*Items 11 through 12 will be completed by Supervisor*

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Mr. Woods' performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.

**SECRET**  
SECURITY INFORMATION

<p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p style="text-align: center;">Mr. Woods has been most outstanding by virtue of his industry.</p>
<p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>
<p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p style="text-align: center;">Mr. Woods has had little opportunity to show his ability, in this line, so far.</p>
<p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p style="text-align: center;">Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.</p>
<p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p style="text-align: center;">None at this time.</p>
<p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>
<p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>20 April 1953</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: right;">Harry D. Randall</p> <p style="text-align: right;">SIGNATURE OF SUPERVISOR</p> </div> </div>
<p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>20 April 1953</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: right;">John K. Smith</p> <p style="text-align: right;">SIGNATURE OF REVIEWING OFFICIAL</p> </div> </div>
<p>20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)</p>

**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
  - Fill in BOTH COPIES of the form. Type or use ink.
  - Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
WOODS	James	Sauvie	FEB 20 1928	502	16	6806
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			

010032

**3 MARK AN "X" IN ONE OF THE BOXES BELOW. (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

James A. Shanks

DATE

4 MAR 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE OF PERSONNEL  
MAR 20 1 47 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM No. 176-7  
JANUARY 1964  
(For use only until April 16 1964)  
176-101



00000

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: James S. Woods      Dates: 23-24 February 1978  
Employee No: 010032      Office: ISS  
Service Designation: D

COURSE OBJECTIVES

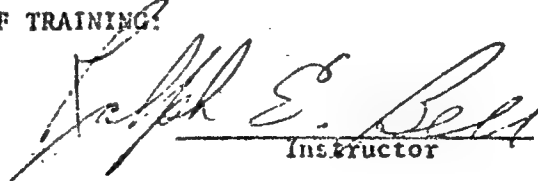
At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective FR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING:

  
\_\_\_\_\_  
Instructor      Date 10 MAR 1978

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

NAME (Last-First-Middle)

Shoats, James S.

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning separation from CIA as indicated by check mark:

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).  |
| <input checked="" type="checkbox"/> | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).  |
| <input checked="" type="checkbox"/> | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).  |
| <input checked="" type="checkbox"/> | 4. Standard Form 2302 (Application for Refund of Retirement Deductions).  |
| <input checked="" type="checkbox"/> | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>continue to bank</i>   |
| <input checked="" type="checkbox"/> | 6. <u>Only applicable to Retirees - Returnees</u> (resignees from overseas assignment).<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. |
| <input checked="" type="checkbox"/> | 7. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).  |
| <input checked="" type="checkbox"/> | 8. Instructions for returning to duty from Extended Leave or Active Military Service.   |

Signature of Employee

James S Shoats

Date Signed

Address (Street, City, State, Zip Code)

304 MEADOW HALL DR.  
ROCKVILLE, MD: 20851

Correspondence

OPTIONAL FORM NO. 10

☐ Overt

☐ Conf

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: James S. Woods      Dates: 23-24 February 1978  
Employee No: 010032      Office: ISS  
Service Designation: D

COURSE OBJECTIVES

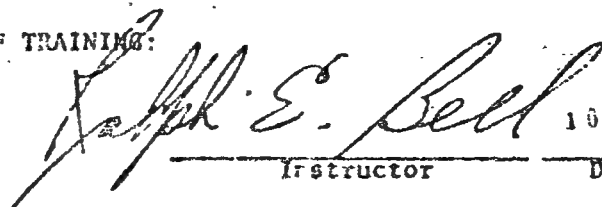
At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective PR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING:

  
\_\_\_\_\_  
Instructor      Date 10 Mar 1978

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff

SUBJECT: Document Analysis II for Records Management Officers

1. Jim Woods ~~OFF~~ has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, JoEllen S. McCann. Classes were held daily from 0900 to 1230 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.

*JoEllen McCann*  
JoEllen McCann

ADMINISTRATIVE - INTERNAL USE ONLY

20 JUL 1976

I, the undersigned, authorize the Office of Personnel  
to give to CartBlanche whatever information is necessary  
for me to obtain a credit card.

*James S Woods*  
James S. Woods

*page 1 of 1*  
*7-21-76*

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT

JAMES WOODS

SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP

*Peggy Hall*  
CHIEF, ISG TRAINING

TRAINING REPORT  
OFFICE OF TRAINING

This certifies that James S. Woods has  
successfully completed the Introduction to Micrographics Seminar #2  
which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography  
and explores the application of this technology in controlling  
overburdened and sometimes inefficient paperwork systems. Specific  
blocks of instruction include: Image Recording Techniques,  
Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods,  
Computer Output Microfilm (COM), Micropublishing, and Development  
and Implementation of Agency Applications. Participants receive  
a portfolio of various samples of microforms, a Glossary of  
Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

Edward A. Scroskie  
Course Coordinator

# Final Grade Report

## Grading System:

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Failing Scholarship
- F(a) - Failure Academic
- F(n) - Failure Non-Attendance
- I - Incomplete\*
- WX - Withdrawal during first half of term
- WF - Withdrawal during second half of term
- WF - Withdrawal during second half of term
- X - Emergency withdrawal after withdrawal

## UNIVERSITY OF MARYLAND EUROPEAN DIVISION - UNIVERSITY COLLEGE OFFICE OF THE REGISTRAR

Report of **WOODS, James S.**

Student  
Copy

Term **1**, Acad. Yr. **1971/72** at **Rome**

Center

COURSE	Semester Hours	GRADE
ITAL 111	3	B

Signature of Instructor: **DeSantis**

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to Date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 50 203-45-67

# Final Grade Report

## Grading System:

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Failing Scholarship
- F(a) - Failure Academic
- F(n) - Failure Non-Attendance
- I - Incomplete\*
- WX - Withdrawal during first half of term
- WF - Withdrawal during second half of term
- WF - Withdrawal during second half of term
- X - Emergency withdrawal after withdrawal

## UNIVERSITY OF MARYLAND EUROPEAN DIVISION - UNIVERSITY COLLEGE OFFICE OF THE REGISTRAR

Report of **WOODS, James S.**

Student  
Copy

Term **2**, Acad. Yr. **19 71/72** at **Rome**

Center

COURSE	Semester Hours	GRADE
ITAL 112	3	B

Signature of Instructor: **DeSantis**

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to Date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 50 203-45-67



Legation of  
(when completed)

TRAINING REPORT

Americans Abroad Orientation -

Japan

16 Hours

20-21 March 1961

6 Students

Students: **WYNN, James B.**

Year of Entry: **1960**

OO: **April 1952**

Grades: **GS-9**

Office: **72**

COURSE OBJECTIVES - COURSE OF INSTRUCTION

The course was designed to provide the individual employee or dependent and the Agency, practical advice for successful personal adjustment to living conditions of work and living in the area of assignment, useful information to the host, and guide lines for understanding its social problems. Advice includes data for effective interpersonal relations in the particular country or region. Area information includes an analysis of the importance of the mission to the United States and dependent use of the host, the institutions, and current living conditions. The course offers lectures, panel discussions, films, slides, and other aids for a recommended period of contact. The importance of the course was fully demonstrated by the results of the training.

This is a certificate of attendance. It is not a record of the course, but it is a record of the course.

20 April 1961

20 April 1961

/s/ **WILLIAM E. COLVER**

100-100000  
(When Completed)

U. S. DEPARTMENT OF STATE

Japan

16 Form Good Orientation 20-21 March 1961

6

From: Woods, Louise (Dependant, James R.)

Student:

Year of Birth:

Grades:

Office:

Office:

U. S. DEPARTMENT OF STATE

This course is designed to provide students with a general orientation to the area and country of assignment. Included are a briefing on "The Americans Abroad problem," its implications for the individual employee or dependent and the family, practical advice for successful personal adjustment to everyday problems of working and living in the area of assignment, useful information on the area, and prime lines for understanding the major problems. Advice is included on effective interpersonal relationships in the particular country or area. Area information includes an analysis of the framework of the nation to the United States and description of the people, the institutions, and current living conditions. The course offers lectures, panel discussions, films, slide presentations, and selected readings for a general overview of the area. Students are encouraged to participate in the course and to make use of the materials.

This is a course of attendance only. No credit is given for this course.

26 April 1961

/s/ James R. Woods

SECRET

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFIED INFORMATION			
NAME WOODS, James S.	SEX M	DATES OF COURSE 26 October - 19 November 1959	NO. OF STUDENTS 17
DATE OF BIRTH 20 February 1928	EOB DATE April 1952	GRADE OR RANK GS-9	OFFICE FR/Administration
PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: TECHNICAL CHARACTERIZATION OF THE COURSE

The class is conducted for 10 to 15 students. It meets for nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

SECRET

00000

S-E-C-R-E-T

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SECTION V: REPORT OF STUDENT ACHIEVEMENT

---

Mr. Woods added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

*John F. Farrell*  
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <b>WOODS, James S.</b>	SEX <b>M</b>	DATES OF COURSE <b>21 Sept. - 15 Oct. 1959</b>	NO. OF STUDENTS <b>13</b>
DATE OF BIRTH <b>20 February 1928</b>	EOD DATE <b>April 1952</b>	GRADE OR RANK <b>GS-9</b>	OFFICE <b>FE/Administration</b>
PROJECTED ASSIGNMENT OR PRESENT POSITION <b>Records Officer</b>			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for about three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainers receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

3-6-C-R-5-7

---

SECTION V: REPORT OF STUDENT ACHIEVEMENT

---

Mr. Woods considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that Mr. Woods can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).

*Frances C. Remmell*  
Chief Instructor

3-6-C-R-5-7

S-1-C-P-E-T

## TRAINING EVALUATION

## ADMINISTRATIVE SUPPORT COURSE # 2

SECTION I: IDENTIFYING INFORMATION			
NAME Woods, James S.	SEX M	DATES OF COURSE 10 - 28 May 1954	NO. OF STUDENTS 1st week-49 2nd & 3rd weeks-44
DATE OF BIRTH 21 February 1928	FOB DATE 21 April 1952	GRADE OR RANK GS-5	OFFICE FE/FI
PROJECTED ASSIGNMENT OR PRESENT POSITION Registry Analyst			
SECTION II: OBJECTIVES			
The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problem peculiar to Logistics, Finance, and other areas of administrative support.			
SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE			
One week of the course is devoted to lectures in the area described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.			
SECTION IV: STUDENT PERFORMANCE			
The instructor has had many students in this course. The following are the results of the students' performance in the course with no allowance made for differences in age, education, experience, etc. These ratings are defined as follows:			
<p><b>EXCELLENT:</b> The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.</p> <p><b>SATISFACTORY:</b> The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.</p> <p><b>UNSATISFACTORY:</b> The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.</p>			
S-1-C-P-E-T			

S-P-6244-1

MAJOR CATEGORIES	ORAL	WRT	EXERCISE
1. Orientation in basic principles of clandestine activity.	2	30	17
2. Knowledge of clandestine services command structure and organization.	5	14	25
3. Knowledge of Agency and clandestine services regulations and administrative procedures.	2	28	14
4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC).	0	17	1
(B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion.	1	15	28
5. Preparation of Station Finance Reports.	3	5	6
6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station.	2	30	22
7. Preparation of form required for project presentation to the Project Review Committee.	1	30	13
8. Preparation of cable form used at Headquarters withing message from material given, with use of accepted digits, punctuation, and abbreviations.	1	33	4
9. Preparation of Headquarters and Field dispatch form and Field couch manifest.	0	31	10
SECTION VI. COMMENTS			
Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or anything that might have influenced his performance in the course.			
<p>FOR THE DIRECTOR OF TRAINING:</p> <p><i> Evelyn S. Bayne </i>  <i> Evelyn S. Bayne </i>  <i> Evelyn S. Bayne </i></p> <p>S-P-6244-1</p>			



S E C R E T

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION						
Name Woods, James S.		Sex M	Course and Beginning Date PHASE I - ORIENTATION/9 - 19 April 54			
Date of Birth 23 February 1928	E O D April 1952	Grade or Rank GS-5	Office FE/PI			
Projected Assignment or Present Position Registry Analyst						
<p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p>						
SECTION II: KNOWLEDGE						
Subject	Hrs	Rating				
		Fail	Poor	Sat	Exc	Sup
Introduction to Intelligence	80	5	12	26*	34	12
Communism and the U S S R	40	5	17	35*	31	7
<p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p>						
SECTION III: SKILLS						
<p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p>						
Skill	Hrs.	Course Instruction		Observation		
		Objective Score	Rating or Evaluation	Av. Rating by Instructors	Av. Rating by Students	

SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS					
During the course incidents were observed which suggested that this person:					
Had difficulty in getting along with others.	Yes	No	Lacked motivation for an Agency career.	Yes	No
		X	Lacked sufficient security-mindedness.		X
Interfered with instructional and classroom activities.		X	Lacked interest in the course.		X
Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.					
SECTION V: COMMENTS					
Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here.					
<u>Edward D. M. [Signature]</u> Chief-Instructor					
SECTION VI: ADJUSTED OVER-ALL EVALUATION					
<b>FOR OPTIONAL USE BY INSTRUCTORS</b> In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an 'X' in one of boxes shows the instructor's judgment of his performance in the course.			<b>FOR OPTIONAL USE BY TRAINING OFFICERS</b> This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, age in experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.		
He was inadequate in his performance.	<input type="checkbox"/>		<input type="checkbox"/> This is an inadequate performance.		
He was barely adequate in his performance and performed acceptably only in a limited range of assignments.	<input type="checkbox"/>		<input type="checkbox"/> This is a barely adequate performance and raises questions concerning his suitability for his assignment.		
He performed acceptably, but was barely adequate in some respects.	<input type="checkbox"/>		<input type="checkbox"/> This is an acceptable performance but discloses possible areas of weakness.		
He was a typically effective student who performed in a competent, dependable manner.	<input type="checkbox"/>		<input checked="" type="checkbox"/> This is a satisfactory performance revealing a typically competent person.		
He performed at a high level of competence.	<input type="checkbox"/>		<input type="checkbox"/> This performance reveals a high level of competence.		
He performed at an extremely high level that only a few students have surpassed.	<input type="checkbox"/>		<input type="checkbox"/> This is an extremely competent performance that only a few persons of his background and position have surpassed.		
Training Officer's Comments					
<u>[Signature]</u> Training Officer					

SECRET

15

MEMORANDUM FOR: Chairman, Clandestine Service Personnel Staff

SUBJECT: James S. WOODS - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in the Rome Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of microfilm. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the microfilm and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE  
SENSITIVE INFORMATION SOURCES  
AND METHODS INVOLVED

SECRET

CLASSIFIED BY	6296-44
EXCLUDED FROM AUTOMATIC DECLASSIFICATION	
SCHEDULE FOR REVIEW AND DECLASSIFICATION CATEGORY	
EXEMPTED FROM DECLASSIFICATION (see 48 CFR 1.512)	
DATE OF REVIEW AND DECLASSIFICATION	PP-212
(unless impossible, insert date of event)	

SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

*Archibald B. Roosevelt*

Archibald B. Roosevelt, Jr.  
Chief, European Division

SECRET

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(When Filled In)

### RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMR 25-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

#### GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
**WOODS, JAMES SAVVIE** **502 16 6806**

1. MARITAL STATUS (Check one)  
☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED  
 IF MARRIED, PLACE OF MARRIAGE **WASHINGTON, D.C.** DATE OF MARRIAGE **6 Aug 60**  
 IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

#### MEMBERS OF FAMILY

NAME OF SPOUSE **LORRIE ANNE** ADDRESS (No., Street, City, State, Zip Code) **432 COLLEGE PKWY ROCKVILLE** TELEPHONE NO. **224-0163**  
 NAMES OF CHILDREN ADDRESS DATE OF BIRTH

**LARRY RENEE WOODS** **432 COLLEGE PKWY, ROCKVILLE, MD.** **220/2/71**

NAME OF FATHER (or male guardian) ADDRESS TELEPHONE NO.  
**ROSS A. WOODS - DECEASED**

NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian) ADDRESS TELEPHONE NO.  
**SUSAN A. WOODS** **FOREST RIVER, N. DAK.**

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**MOTHER & SISTER (husband is emergency contact in prison)**

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST ONE OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (Hr 22 1-1-1). SPECIFY NAMES AND RELATIONSHIP.

NAME	DATE OF BIRTH	RELATIONSHIP

#### PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) RELATIONSHIP  
**FILAK, RICHARD** **BROTHER-IN-LAW**

HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE. HOME TELEPHONE NUMBER  
**521 HAMLINE ST. GRAND FORK, N. DAK.** **701-775-4472**

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE. BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE A TELLING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

**UNION TRUST CO. OF D.C.**

DOES THIS INDIVIDUAL PROVE THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If "No" explain why in item 6.)

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

**CONFIDENTIAL**

(When Filled In)

<b>5. VOLUNTARY ENTRIES</b>		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>		
<p align="center">UNION TRUST CO. OF D.C.</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p align="center">UNION TRUST CO. OF D.C.</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p align="center">In this will</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p><b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b></p>		
<p><b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b> (No Approval Required)</p>		
<p>RESIDENCE WHEN EMPLOYED (Full Address):</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
<p><b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</p>		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
<p>SIGNED AT</p>	<p>DATE</p>	<p>SIGNATURE</p>
<p align="center">Hgo</p>	<p align="center">9 Nov 71</p>	<p align="center">James S. [Signature]</p>

**CONFIDENTIAL**

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD											
TO: Office of Personnel, Transactions and Records Branch, Status Section											
SERIAL NO.		NAME									
		LAST			FIRST			MIDDLE			
1-6		(Print)			7-24						
010032		WOODS			JAMES			S			
INSTRUCTIONS											
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.											
PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE		CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			37	38 39	40-42
			11	18	70				1		ENGLAND 210
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREAS
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE		CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			37	38 39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA											
SOURCE DOCUMENT AND CERTIFICATION											
TRAVEL VOUCHER						DISPATCH					
CABLE						<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)											
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD					
REMARKS											
PREPARED BY						REPORT SUBMITTED ON CONTROL DOCUMENT					
C & L DIVISION, CTR.						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
C & T DIVISION						DATE					
						SIGNATURE					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER											

30 June 1970

MEMORANDUM FOR: Chief, European Division  
FROM : Chief of Station, London  
SUBJECT : Promotion Recommendation -  
James S. Woods

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the London Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in London, testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff was certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time in London by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The London Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant



-2-

Subject's continued attention.

In view of his really excellent performance and high promise, it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy  
COS

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		FOR				5				
010032		KOPPS		JAMES				5				
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	37	38 39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			1			40-42
11	18	68										L.H.C. / H.W. 210
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	37	38 39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION						40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						TIME STATUS OR TIME AND ATTENDANCE REPORT						
Other (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE PERIOD						
						1-18-68						
REMARKS												
PREPARED BY			REPORT APPROVED BY			REPORT DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
REC			DATE			895:03000						
C & A DIVISION, 2-80.			DATE			1-18-68						
X C & A DIVISION			DATE			1-18-68						
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

CONFIDENTIAL  
(When Filled In)

IMPORTANT

Central Processing Branch has been charged with responsibility (OAM 20-6-  
dated October 1961) for ensuring that all employees processing PCS to the  
field have reviewed the field version of the Employee Conduct Handbook. You  
will not be checked out for your proposed travel until you sign the following  
statement and return it to CPB. Your Personnel Officer can provide you with a  
copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I heroby acknowledge that I have read and understand the contents of  
Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

James A. Woods 15 NOV 68  
Signature Date

JAMES A. WOODS

CONFIDENTIAL  
(When Filled In)

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-6 010032	(Print) Woods,	3-44 James	S.

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	Vietnam	40-42
			10	03	68		1			7/10

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT

OTHER (Specify) Telephone

DOCUMENT IDENTIFICATION NO. FVST 31976 DOCUMENT DATE/PERIOD 10/3/68

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
WCO	DATE <u>10/5/68</u>	SIGNATURE <u>R. L. Lee</u>
C & L DIVISION, CTR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

*Page 1*

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6  
010032

(Print)

7-36

*Ward*

*James*

*S.*

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		40-42
01	1	467					1	Vietnam	772

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39		40-42

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 764	DOCUMENT DATE/PERIOD
------------------------------------	----------------------

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
CCO	DATE	SIGNATURE
C & L DIVISION, CYBER	5/22/01	<i>L. H. Hovey</i>
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

CONFIDENTIAL  
(When Filled In)

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returns, dated May 1964.

James S. Woods  
Signature

JAMES S. WOODS

28 NOV 66  
Date

CONFIDENTIAL  
(When Filled In)

SECRET  
(When Filled In)

19 December 1966


MEMORANDUM FOR: Mr. James S. Woods

THROUGH : Head of CS Career Service

SUBJECT : Notification of Designation as a Participant  
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined in HR 20-50 for designation as a participant in the CIA Retirement and Disability System. Your designation as a participant was made effective 18 December 1966.

2. You are hereby notified of your right to appeal this action to the Director of Central Intelligence as specified in HR 20-50. Such appeal must be received in the Office of the Director not later than 30 calendar days from the date of this memorandum.

  
Emmett D. Echols  
Director of Personnel

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.  1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT  29-36
	LAST (Print)	FIRST	MIDDLE	
010032	Woods	James	S	45

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

#### PCS DATES OF SERVICE

TYPE OF DATA  1. PCS (Basic) 3. CORRECTION 5. CANCELLATION	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT  40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
		27	28-29	30-31	32-33	34-35	36-37		
	1	04	24	61	09	24	66	Japan	375

#### TDY DATES OF SERVICE

TYPE OF DATA  2. TDY (Basic) 4. CORRECTION 5. CANCELLATION	CODE	DEPARTURE			RETURN			AREA(S)	OMIT  40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
		27	28-29	30-31	32-33	34-35	36-37		

#### SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input type="checkbox"/>	TRIP REPORT	<input type="checkbox"/>
CABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT	
OTHER (Specify)			

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	5/28 - 9/24/66

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & L DIVISION	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION	10/17/66	Donalberto



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

*Evelyn M. Flagg*  
OFFICE OF PERSONNEL  
Evelyn M. Flagg

*James S. Woods*  
(Employee)

James Savie Woods

Date: 28 Nov 66

00000

SECRET

23 MAR 1966

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of  
Quality Step Increase -  
James S. Woods

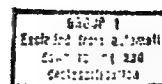
1. I am pleased to send to you the attached  
official notification of the approval of the Quality Step  
Increase which you recommended for this employee.

2. As this award is designed to encourage  
excellence by recognizing and rewarding the employee,  
may I ask that you arrange to have this Quality Step  
Increase presented at an appropriate ceremony.

  
Emmett D. Echols

Director of Personnel

SECRET



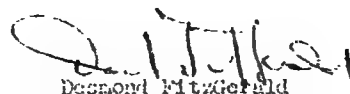
~~SECRET~~

29 MAR 1966

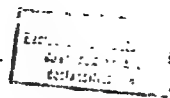
MEMORANDUM FOR: Mr. James S. Woods  
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

  
Desmond Fitzgerald  
Deputy Director for Plans

~~SECRET~~



SECRET

CP-257

4 MAR 1956

**MEMORANDUM FOR:** Deputy Director for Plans  
**ATTENTION:** DDP/OP  
**SUBJECT:** Request for Quality Step Increase  
for Mr. James S. Woods, GS-09

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Mr. James S. Woods.

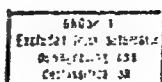
2. Mr. Woods entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time Mr. Woods has served as a Records Analyst at Headquarters, in Korea and Atsugi, Manila, and since 1961 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade as a GS-09 since 1958.

3. Mr. Woods' exceptional performance is described by the Tokyo Station as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Station Registry. This unit is located at Fuchu Air Station and handles all correspondence for all Station elements. In view of the fact that the Station is located in five different geographic locations, a great deal of responsibility is given to Mr. Woods to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexewriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, who is Chief of this unit. Mr. Woods does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

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"C. In addition to his normal duties, Mr. Woods is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. Mr. Woods has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, Tokyo, stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of Mr. Woods. He is performing his duties as Chief of the Tokyo Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to Mr. Woods, but in this particular case it appears that a Quality Step Increase is more appropriate.

  
William E. Colby  
Chief, Far East Division

APPROVAL RECOMMENDED:

  
Secretary, CS Panel Section C

MAR 11  
1966

MAR 11  
1966

Date

SECRET

SECRET

SUBJECT: Request for Quality Step Increase  
for Mr. James S. Woods, GS-09

CONCUR:

Grace Miller  
DLP/OP

15 March 66  
Date

APPROVED:

John J. Caldwell  
for Director of Personnel

18 Mar '66  
Date

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 20-28
	LAST (Print)	FIRST 7-24	MIDDLE	
10032	Woods,	James S.		56

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT				
		MONTH	DAY	YEAR	MONTH	DAY	YEAR						
1 - PCS (Basic)	27	29	29	32	33	34	35	36	37	38	39	JAPAN	40-42
3 - CORRECTION													
9 - CANCELLATION	1	04	15	61									375

## TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT					
		MONTH	DAY	YEAR	MONTH	DAY	YEAR							
2 - TDY (Basic)	27	29	29	30	31	32	33	34	35	36	37	38	39	40-42
4 - CORRECTION														
6 - CANCELLATION														

## SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input checked="" type="checkbox"/> DUTY STATUS UP-TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	30 MAR - 15 APR 1961

REMARKS

PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE	
FINANCE DIVISION	26 JUNE 1961		

Standard Form No. 2800 OCTOBER 1, 1959 P.M. GSA GEN. REG. NO. 27		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read the back of last page. Use only typewriter or ballpoint pen.)			CARRIER'S CONTROL NO. <b>073-38</b>		
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH		3. Are you now married?	
	WOODS	James	S	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div>21</div> <div>23</div> </div>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET)			(CITY AND ZONE NUMBER)		STATE	5. SEX
	ALCO		APT 725		San Francisco, Calif.	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 through the enrollment of another United States or District of Columbia Government employee or annuitant?			7. Place an "X" in proper box to show your annual basic salary range.			
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>			
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)						
	NAME OF PLAN		OPTIONAL PLAN OR PLAN		ENROLLMENT CODE NUMBER		
	Association Benefits Plan - Family		High		4 2 2		
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)						
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		DATE OF BIRTH (Month, Day, Year)		
	Wife or Husband		8 May 37				
	3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than two years? (If answer is "Yes," attach a doctor's certificate.)						
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.						
	1. I elect not to enroll in any plan under the Health Benefits Act.			3. The reason for my election is (Place an "X" in proper box).			
	2. I elect to cancel my present enrollment under the Health Benefits Act.			(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input checked="" type="checkbox"/>			
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in item 8.						
	1. Enrollment code number of present plan.			2. Date of event which permits change. (See table on back of application for proper number.)			
	4 2 5			8 March 22 1964			
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	<div style="display: flex; justify-content: space-between;"> <div> <b>WARNING</b>—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)             </div> <div> <b>Signature</b> </div> </div>						
	1. NAME AND ADDRESS OF EMPLOYER			2. DATE RECEIVED BY EMPLOYER'S OFFICE		3. EFFECTIVE DATE OF ELECTION	
	HEALTH BENEFITS OFFICER (Signature)			3-1-64		3-15-64	
PART F TO BE COMPLETED BY AGENCY.	4. PAYROLL OFFICE NO.			5. PAYROLL ACTION (INITIALS AND DATE)			
	6. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL						
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.							



**SECRET**  
(When Filled In)

<div style="float: left; font-size: 2em; margin-right: 10px;">19</div> <b>VERIFIED RECORD OF OVERSEAS SERVICE</b>									
<b>TO:</b> Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall									
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT	
1-6		LAST		FIRST		MIDDLE		25-26	
100321		(Prior)		7-24				25-26	
		Woods		James		S.		57	
INSTRUCTIONS									
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.									
PCS DATES OF SERVICE									
TYPE OF DATA		ARRIVAL		DEPARTURE				COUNTRY	
1 - PCS (Basic)		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	OMIT
3 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
5 - CANCELLATION		1				03	19	59	Philippines 575
TDY DATES OF SERVICE									
TYPE OF DATA		DEPARTURE				RETURN			AREA(S)
2 - TDY (Basic)		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	OMIT
4 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
6 - CANCELLATION									
SOURCE OF RECORD DOCUMENT									
<input checked="" type="checkbox"/> TRAVEL VOUCHER					DISPATCH				
CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT				
OTHER (Specify)									
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD				
REMARKS									
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT				ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED			
FISCAL DIVISION		DATE				SIGNATURE			
FINANCE DIVISION									

Standard Form No. 2079  
CHAPTER 1-5 FPMR  
5 GAO 5-05

**HEALTH BENEFITS REGISTRATION FOR 1961**  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
(Trans on back of last page. Use only typewriter or ball point pen.)

CARRIER'S CONTROL NO.  
**082697**

**PART A**  
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)  
**W. J. Smith**

2. DATE OF BIRTH (The numbers)  
MONTH DAY YEAR  
**11 15 1925**

3. Are you now married?  
YES ☒ NO ☐

4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)  
**1111 1st St. N.W. Washington, D.C. 20004**

5. SEX  
MALE ☒ FEMALE ☐

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?  
YES ☒ NO ☐

7. Place an "X" in proper box to show your annual basic salary range.  
UNDER \$4,000 ☐ \$4,000 TO \$5,999 ☐ \$6,000 TO \$9,999 ☒ \$10,000 OR OVER ☐

**PART B**  
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN **General Services Administration Health Plan** OPTION (HIGH OR LOW) **Low** ENROLLMENT CODE NUMBER **4 2 5**

2. In spots below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband <b>W. J. Smith</b>	<b>11/15/25</b>		

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)  
YES ☐ NO ☒

**PART C**  
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act. ☐

2. I elect to cancel my present enrollment under the Health Benefits Act. ☐

3. The reason for my election is (Place an "X" in proper box):  
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. ☐  
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. ☐  
(c) Any other reason. ☐

**PART D**  
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

1. Enrollment code number of present plan. **4 2 2**

2. Number of event which permits change. (See table on back of duplicate for proper number.) **7**

3. Date of event which permits change.  
MONTH DAY YEAR  
**MAR 31 1961**

**PART E**  
ALL WHO REGISTER MUST FILL IN THIS PART.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

**W. J. Smith** 17 APR 1961  
(Type signature—do not print) (Date)

**PART F**  
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

2. DATE RECEIVED IN EMPLOYING OFFICE **3/27/61**

3. EFFECTIVE DATE OF ELECTION **4/16/61**

4. PAYROLL OFFICE NO.

5. PAYROLL ACTION (INITIALS AND DATE)

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

**REMARKS**  
F E  
X-1579

110532

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

Anna L. Phillips  
Office of Personnel  
Anna L. Phillips

James S. Woods  
(Employee)  
James S. Woods

Date: 21 Feb. 1961

Standard Form No. 2809 CHAPTER I - F.P.M. 6 (Rev. 1-50)		HEALTH BENEFITS REGISTRATION FOR 1 2362				CAREER'S (UNITED) NO. 000000
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read instructions on back of last page. Use only typewriter or ballpoint pen.)						
PART A ALL WHO REGISTER MUST FILE IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR		3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)		5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>			
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.  <small>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if applicable.</small>	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)					
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER	
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)		
	Wife or Husband	[ ]	[ ]	[ ]	[ ]	[ ]
PART C FILE IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3					
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Place an "X" in proper box) (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3					
PART D FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in Part B					
	1. Enrollment code number of present plan.	2. Number of event which permits change (See table on back of booklet for proper number)	3. Date of event which permits change MONTH DAY YEAR			
PART E ALL WHO REGISTER MUST FILE IN THIS PART.	WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)					
	[Signature: James S. Shanks]					
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYING OFFICE		2. DATE RECEIVED BY EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION		
	[Signature: J. L. Rochette] HEALTH BENEFITS OFFICER		4. PAYROLL OFFICE NO.	5. PAYROLL ACTION (INITIALS AND DATE)		
REMARKS FOR USE ONLY BY AGENCY AND AGENCY.						

Standard Form No. 2800 CHAPTER I-15 FPMR 6.1(A)(1)(ii)		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only typewriter or ballpoint pen.)			336.2 -093078																														
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH (Show month, day, year)			3. Are you now married?																														
	MOORE JAMES S	MONTH DAY YEAR 2 20 28			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																														
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)			5. SEX																															
	FOREST RIVER NORTH DAKOTA			MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>																															
PART C FILL IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	6. Are you covered by, or is any family member listed below covered by, enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?			7. Place an "X" in proper box to show your annual basic salary range.																															
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>																															
PART D FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			OPTION (HIGH OR LOW)																															
	NAME OF PLAN ASSOCIATION BENEFIT PLAN			HIGH																															
PART E ALL WHO REGISTER MUST FILL IN THIS PART	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)			ENROLLMENT COST RANGES																															
	<table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband																				<table border="1"> <thead> <tr> <th>ENROLLMENT COST RANGES</th> </tr> </thead> <tbody> <tr> <td>1</td> </tr> <tr> <td>2</td> </tr> <tr> <td>3</td> </tr> <tr> <td>4</td> </tr> <tr> <td>5</td> </tr> </tbody> </table>			ENROLLMENT COST RANGES	1	2	3	4
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																																
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ENROLLMENT COST RANGES																																			
1																																			
2																																			
3																																			
4																																			
5																																			
PART F TO BE COMPLETED BY AGENCY.	3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support as a result of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																															
	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES, AND ANSWER ITEM 3.																																		
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.	1. I elect not to enroll in any plan under the Health Benefits Act.			3. The reason for my election is (Place an "X" in proper box):																															
	2. I elect to cancel my present enrollment under the Health Benefits Act.			(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>																															
PART D FILL IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I elect to change my enrollment as shown by the enrollment number and other information in Part B.			3. Date of event which permits change																															
	1. Enrollment cost number of present plan.			2. Number of event which permits change. (See table on back of duplicate for proper number.)																															
PART E ALL WHO REGISTER MUST FILL IN THIS PART	1. NAME AND ADDRESS OF EMPLOYING OFFICE			2. DATE RECEIVED IN EMPLOYING OFFICE																															
	Came to office 14 June 60			6/30/60																															
PART F TO BE COMPLETED BY AGENCY.	3. EFFECTIVE DATE OF ELECTION			4. PAYROLL OFFICE NO.																															
	1/1/60			1/1/60																															

Triplicate—To Employing Office

APR 1-1960

10564

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

Lorane E. Horbeck  
Office of Personnel

Lorane E. Horbeck

James S. Woods  
(Employee)  
James S. Woods

Date: 23 Aug 57

CONFIDENTIAL

29 November 1956

JAMES S. Woods

Korea Station wishes to express its appreciation to \_\_\_\_\_ for his most diligent performance of duty during his recent TDY here, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that Korea Station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All Korea Station personnel connected with the work of the TSI Team members were impressed and gratified by the eagerness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects much credit not only on the team members themselves but on the Records Integration Branch as well.

*Leland H. Carls*

Leland H. CARLS  
Chief, ROSTA (Rear)

CONFIDENTIAL

CONFIDENTIAL  
(When Filled In)

144 Bell Hall  
Wash. Branch  
10-3

1. NAME (Last) <i>Woods</i>		(First) <i>JAMES</i>		(Middle) <i>S.</i>	2. THIS DATE <i>6 August 1952</i>
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME					
<input checked="" type="checkbox"/> WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)		<input checked="" type="checkbox"/> SICK DISEASES			
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> INCOME REPLACEMENT			
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHAMA - HOSPITALIZATION		* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIED FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.			
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)					
<input checked="" type="checkbox"/> AIR TRIP INSURANCE					
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)					
<i>WDC - Tokyo - WASH - TDY</i>					
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.				SIGNATURE OF EMPLOYEE <i>James S Woods</i>	
TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
<i>AIR TRIP FLIGHT</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2017</i>		<i>4.00</i>
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS				SIGNATURE OF EMPLOYEE	
7. EMPLOYEE INTERVIEWED BY	CPD (Signature) <i>W. Patton</i>			ICD (Signature) <i>Esther Patton</i>	
8. REMARKS					
When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPD for retention in CPD files.					

INSURANCE QUESTIONNAIRE



CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

Date 23 July 1954

Dear James S. Woods

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.O.

Base Salary: GS-5 \$3535.00

2. You will be:

a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.

b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.

c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.


3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment, if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

  
Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

James S. Hoade  
Employee

23 July 54  
Date

2200

PE-1

Wing E 15° 2.40m

No 10

## INSURANCE QUESTIONNAIRE

Page 1

1. NAME (Last) Woods (First) James (Middle) S 2. THIS DATE 10 June 54

3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME:  
☐ WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WARPA) ☐ MUTUAL BENEFIT OF OMaha  
☒ NI GROUP HOSPITALIZATION INCORPORATED ☒ AIR TRIP INSURANCE

4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance):

Lvg Wash. 2 July 54 To Minneapolis, Seattle, & Tokyo

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
WAFERA	<input checked="" type="checkbox"/>		#2574	P/R - \$8.33-9/14/54	\$27.25
Air Trip Ins	<input checked="" type="checkbox"/>		28354		\$4.00

James S Woods  
SIGNATURE

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:

SIGNATURE

7. EMPLOYEE INTERVIEWED BY:

CPB:

E. J. Jeter  
SIGNATURE

ISCB:

Carla S. Smith  
SIGNATURE

8. REMARKS:

When completed, the original of this form should be forwarded to T&B for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

C.I.A.

(Department or agency)

Washington, D.C.

(Bureau or division)

(Place of employment)

I, James S. Woods, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

April 21, 1952  
(Date of entrance on duty)

James S. Woods  
(Signature of appointee)

Subscribed and sworn before me this 21st day of April, A. D. 1952,

at Washington  
(City)

D.C.  
(State)

[SEAL]

Margaret C. Green  
(Signature of officer)  
U.S.C. 16 & 16A  
(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
**3505 Mission Ave. S.E. Washington 19, D.C.**

2. (A) DATE OF BIRTH **Feb. 20, 1928** (B) PLACE OF BIRTH (city or town and State or country) **Forest River, N. Dak.**

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY **Mr. Ross A. Thode** (B) RELATIONSHIP **Father** (C) STREET AND NUMBER, CITY AND STATE **Forest River, N. Dak.** (D) TELEPHONE NO. **-**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST SIX MONTHS? ☒ YES ☐ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
<b>Miss Marilyn Thode</b>	<b>3143 W 18th St. Denver, Col.</b>	<b>clerk</b> <b>Temporary</b> <b>U. S. F.</b>	<b>sister</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes", give details in Item 10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
8. SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORFEITED RIGHTS FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY EMPLOYMENT? If your answer is "Yes", give in Item 10 the name and address of employer, date and reason for such case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
9. HAVE YOU EVER BEEN ARRESTED FOR TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$10 OR LESS OR FOR FELONY COLLATERAL OF \$5 OR LESS? SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? If your answer is "Yes", list each case under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any; or other disposition of the case. If appointed, your fingerprints will be taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction whether this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be checked for finding of office, pension, suitability in connection with any record of criminal conviction or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and photograph are to be compared with the applicant's and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the examination sheet, which was signed in the examination room. If physical evidence may be checked against the medical certificate. The appointing officer also has questioned his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and Regulations and (2) the Civil Service Act. He must constitute an affidavit for both persons and acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE					OFFICE <b>OSO</b>		DIVISION <b>RL</b>			
NAME (Last)		FIRST		MIDDLE		BRANCH		SECTION		
<b>Woods</b>		<b>JAMES</b>		<b>SHUYIE</b>		<b>Personnel &amp; Records</b>		<b>File</b>		
I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)										
AGENCY	LOCATION	FROM			TO			TOTAL SERVICE		
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
<b>C.I.A.</b>	<b>April 27, 1952</b>	<b>21</b>	<b>4</b>	<b>1952</b>					<b>11</b>	<b>8</b>
<b>Treasury Dept</b>	<b>15 1/2 Penn</b>	<b>7</b>	<b>11</b>	<b>1951</b>	<b>19</b>	<b>4</b>	<b>1952</b>	<b>10</b>	<b>5</b>	<b>-</b>
<b>Treasury Dept.</b>	<b>15 1/2 Penn</b>	<b>17</b>	<b>5</b>	<b>1950</b>	<b>19</b>	<b>9</b>	<b>1950</b>	<b>1</b>	<b>14</b>	
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); font-size: 2em;"> <b>SCP 11/12/48</b>  <b>verified</b>  <b>10/23/57</b>  <b>JLR</b> </div> </div>										
Total Civilian Service								<b>10</b>	<b>09</b>	<b>-</b>
II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)										
BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE			
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.	
<b>Army</b>	<b>3</b>	<b>10</b>	<b>1946</b>	<b>12</b>	<b>4</b>	<b>1948</b>	<b>10</b>	<b>8</b>	<b>1</b>	
<b>Army</b>	<b>19</b>	<b>10</b>	<b>1950</b>	<b>7</b>	<b>8</b>	<b>1951</b>	<b>10</b>	<b>7</b>	<b>1</b>	
Total Military Service								<b>9</b>	<b>5</b>	<b>2</b>
III. CERTIFICATION										
OWNER (or affiant) I hereby <del>certify</del> that the above Civilian and Military service is complete and accurate to the best of my knowledge. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u><b>April 21, 1952</b></u>  <small>DATE</small> </div> <div style="text-align: center;"> <u><b>James S. Woods</b></u>  <small>SIGNATURE OF EMPLOYEE</small> </div> </div>										
IV. REMARKS: (CONCERNING ABOVE SERVICE)  <b>Margaret C. Hickey</b> <b>505C/6016-R</b> <b>SEP 12-5-48</b> <small>MAY BE CONTINUED ON NON-DELETABLE REAR SHEET</small>					V. FOR PERSONNEL OFFICE USE ONLY					
					TOTAL CREDITABLE SERVICE					
					<small>DAYS</small> <b>25</b>	<small>MONTHS</small> <b>1</b>	<small>YEARS</small> <b>3</b>			
					<b>as of 21 April 1952</b>					

**PERSONNEL QUALIFICATION QUESTIONNAIRE**

**SECRET**

SECURITY INFORMATION

1. Serial No. (no entry)	2. NAME: (last) (first) (middle) <b>WOODS JAMES SAUVIE</b>	3. Office <b>RI/FI</b>
4. Date of Birth <b>Feb. 20, 1928</b>	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2) Marital Status: <b>Single</b> Nr. Dependents: <b>0</b>	6. Employment Date: <b>April 1952</b>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth	

**SEC. I. EDUCATION**

1. Extent: (circle one)

- |  |  |                   |
|--|--|-------------------|
| 1. Less than high school                         | <input checked="" type="radio"/> 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate                          | 5. Over two years, no degree                                   | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | 6. Bachelor degree   |                   |
|  | 7. Post-graduate study (minimum 8 sem. hrs.)                   |                   |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
<b>Waters Business School - Grand Forks N. Dakota</b>	<b>Accounting</b>	<b>Law</b>	<b>Oct 48</b>	<b>Feb 50</b>			<b>Junior Accounting</b>	<b>Diploma</b>	
<b>Strayer College - Washington D.C.</b>	<b>Accounting</b>	<b>Law</b>	<b>Now attending</b>						

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

## SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>April 52</u> To <u>Nov 54</u> Tot. mos. <u>7</u>	Description of Duties:
Grade <u>GS-4</u> Salary <u>3175</u> yr	<u>Supervise the changing of the folders from folders to single documents.</u>
Office <u>RI/FI</u>	<u>Automated documents for Pol</u>
Position <u>CHERK</u>	<u>Do requests and other general office duties.</u>
Duty Title: <u>General Office Work</u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:



SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

From <u>Jan 52</u> To <u>Jan 54</u> Tot. mo's <u>4</u> Classification Grade (if in Federal Service) <u>GS-3</u> Salary <u>2950</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>Working with Mexican Claims</u>
From <u>May 50</u> To <u>Jan 54</u> Tot. mo's <u>7</u> Classification Grade (if in Federal Service) <u>GS-2</u> Salary <u>2150</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>verified checks for correct names, addresses and money.</u> <u>Other (3 months of this period spent in the Army)</u> Duty Station if overseas:
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____

## SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U.S. Secret Service          | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U.S. Border Patrol           | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad         | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

## SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study	

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

#### SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Tokyo, Japan	Jan 47 - March 48	X (Army)		
Korea	Dec 50 - June 51	X (Army)		

#### 2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

#### SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 54%	2.	35	1. Yes 2. No
Shorthand	1.	2. ✓		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

#### SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.

#### SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

# SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

# SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

# SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken.

Type of Test	Date Taken

# SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

<i>None</i>

# SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour <input checked="" type="checkbox"/>	(2) 4 year Tour <input type="checkbox"/>	(3) Not interested <input type="checkbox"/>
---	--	---

# SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

<i>One in which I may be able to use my accounting experience, such as in finance work or administrative work.</i>



WEAR

## REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT)

WOODS, James S.

Asst. Clk.

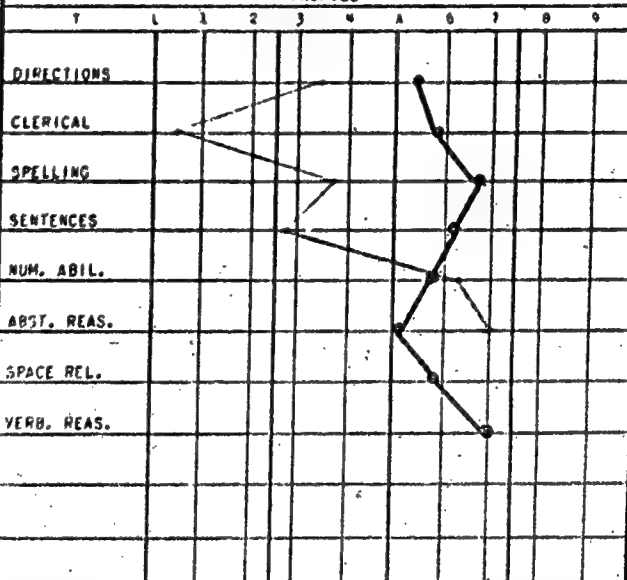
THIS DATE

20 December 1951

## TEST RECORD

NOTE: PRINTED BLACK LINE REPRESENTS MEAN PERCENTILE RANKINGS OF GS-4'S. COLORED LINE REPRESENTS PERCENTILE RANKINGS FOR THIS PARTICULAR SUBJECT.

## PROFILE



## TYPING

GROSS NET ERRORS

28 18 10

## SHORTHAND

1 2 3 TOT. TIME

## EVALUATION OF EDUCATION AND EXPERIENCE

TYPE OF POSITION

OUTSTANDING

SUPERIOR

ADEQUATE

WEAK

INADEQUATE

EDUCATION

☐☐☐☐☐

DIRECT EXPERIENCE

☐☐☐☐☐

INDIRECT EXPERIENCE

☐☐☐☐☐

EDUCATION

☐☐☐☐☐

DIRECT EXPERIENCE

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INDIRECT EXPERIENCE

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EDUCATION

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DIRECT EXPERIENCE

☐☐☐☐☐

INDIRECT EXPERIENCE

☐☐☐☐☐

QUALIFICATIONS TECHNICIAN

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST									
2. NAME (Last, First, Middle) Woods, James S.		25 August 1976									
3. POSITION TITLE Records Admin Officer	4. GRADE GS-12										
5. OFFICE, DIVISION, BRANCH DDO/CCS/ARO		6. EMPLOYEE'S EXT. 6352									
7. PURPOSE OF EVALUATION											
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"><tr><td>ETO</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED	ETA	STATION	NO. OF DEP.'S
ETO											
STATION											
TDY OR PCS											
TYPE OF COVER											
NO. OF DEPENDENTS TO ACCOMPANY											
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED											
ETA											
STATION											
NO. OF DEP.'S											
8. OVERSEAS PLANNING EVALUATION (One block must be checked)											
<input type="checkbox"/> YES <input type="checkbox"/> NO											
9. REQUESTING OFFICER											
SIGNATURE Donald S. McNeill											
ROOM NO. & BUILDING 11-44 HQS		EXT. 6346									

10. COMMENTS	
11. REPORT OF EVALUATION Annual Exam Completed.	
DATE 4 October 1976	SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, OMS/PEO

## SECRET

1. NAME (Last, First, Middle) <b>WOODS, James S.</b>		2. DATE OF BIRTH <b>20 February 1928</b>		3. GRADE <b>GS-10</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/EUR</b>		5. PRESENT POSITION <b>Records Admin Officer</b>		6. EMPLOYEE EXTENSION <b>e/o7152</b>	
7. PROPOSED STATION <b>Rome, Italy</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>Records Admin Officer 0699 (09)</b>			
9. TYPE OF COVER AT NEW STATION <b>SS# 502-16-6806 Nominal (Light State)</b>		10. ESTIMATED DATE OF DEPARTURE <b>31 May 1971</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>-2-</b>	
12. COMMENTS  <b>Please evaluate for proposed assignment.</b>  <b>No language is required for this position</b>  <b>Form 58 attached</b>					
13. DATE OF REQUEST <b>8 March 1971</b>		14. SIGNATURE OF REQUESTING OFFICIAL <i>Floyd G. Lanter</i> <b>Floyd G. Lanter, E/Pers</b>		15. ROOM NUMBER AND BUILDING <b>4B0002 Hq.</b>	
16. EXTENSION <b>7152</b>					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  <b>QUALIFIED FOR OVERSEAS ASSIGNMENT</b> <b>APPROVED</b> <b>10 APR 1971</b>					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					



**SECRET**  
(When Filled In)

### QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

#### SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO.	NAME (Last-First-Middle)	DATE OF BIRTH	SS
010032	WOODS JAMES SAUVIE	20 FEB 28	

#### SECTION II EDUCATION

HIGH SCHOOL			
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

#### COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
1. UNIVERSITY OF MARYLAND			1964-1970			248 SEM HRS
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

#### TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

#### OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

#### SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

#### SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	DAUGHTER		RETHESDA, MD.	AMERICAN	ROCKVILLE, MD 432 COLLEGE PKWY
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE					

FORM 4444 USE PREVIOUS EDITIONS  
10-68

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-51)

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY - CHECK (X)			
				TEST-DRILL	TRAVEL	STUDY	OTHER ASSIGNMENT
1.		MAR 11 1971					
2.		MAR 11 1971					

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (PPM)	2. SHORTHAND (PPM)
3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM	
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:	

SECTION VII SPECIAL QUALIFICATIONS	
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.	

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?	2. NEW CLASSIFICATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY	
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
	DATE COMPLETED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM    TO
1.		
2.		
3.		

SECTION X REMARKS	

DATE	SIGNATURE OF EMPLOYEE
	X James Laurie Woods

SECRET

SECRET

(When Filled In)

OFFICIAL USE ONLY (When Filled In)

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1 EMP. SER. NO. 030032	2 NAME (Last First Middle) WOODS JAMES S	3 SEX M	4 DATE OF BIRTH 02/20/28	5 SCHEDULE/GRADE/STEP GS-09-07
6 SSN D	7 POSITION TITLE RECORDS ADMIN CF	8 OFFICE OF ASSIGNMENT PE	9 LOCATION (Country, City) SAIGON, SOUTH VIET NAM	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
IJARAN	PCS 56	34/08/01	36/07/01
IJARAN	TDY 56	36/08/01	36/11/01
MEXICO	TDY 56	37/02/01	37/08/01
PHILIPPINE ISLANDS	PCS 56	37/09/01	39/03/29
IJARAN	PCS 43	61/04/24	66/09/24
VIETNAM	PCS 6	67/01/14	68/10/3

OVERSEAS DATA

COLEJ

DATE:

16 OCT 1968

INITIALS:

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
	NO COLLEGE DEGREE ON RECORD		

FORM  
147 444  
MAY 2-67

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

30 FEB 1970

(451)

SECRET

When Filled In

SECTION III EDUCATION (Cont'd)						
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED	ADDRESS City State Country		YEARS ATTENDED From To		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM / QTR MRS (Specify)
	MAJOR	MINOR				
1 U. OF MD. Tachikawa, Japan		ENG I	1966			3
2 U. OF MD. Tachikawa, Japan		Bus 10	1966			3
3 U. OF MD. SAIGON		HIS 127	1967			3
4 U. OF MD. SAIGON		ECN 31	1967			3
5 U. OF MD. SAIGON		PSY 1	1967			3
6 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.						
<p>65.</p> <p>THESIS ON DATA</p>						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						
AGENCY-SPONSORED EDUCATION						
Specify which, if any, of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						

SECRET

- 2 -

(When Filled In)

[illegible]

**SECRET**

SECRET

(When Filled In)

SECTION VIII		AGENCY EMPLOYMENT HISTORY	
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH	
APR 61 - DEC 68	Saigon, Vietnam		
4. TITLE OF JOB	5. GRADES HELD IN JOB		
6. DESCRIPTION OF DUTIES			
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH	
APR 61 - SEPT 66	Tokyo, JAPAN	FE	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
CHIEF OF REGISTRY	GS 9		
6. DESCRIPTION OF DUTIES			
SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.			
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH	
FEB 59 - MAR 61	WASH. D.C.	FE	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
RECORDS ADMIN OFFICER	GS-9		
6. DESCRIPTION OF DUTIES			
ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE APERTURE CARD SYSTEM.			

SECRET

- 5 -

SECRET

When Filled In

SECTION VIII			AGENCY EMPLOYMENT HISTORY (Cont'd)	
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
AUG 57 - FEB 59	MANILA, P.I.	FE		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
CHIEF OF RECORDS MANAGEMENT TEAM	GS-7 & GS-9			
6. DESCRIPTION OF DUTIES				
<p>CHIEF OF A TEAM OF THREE INDIVIDUALS <del>WERE</del> STATIONED PCS MANILA BUT TRAVELLED THROUGHOUT THE F.E. (INCLUDING AUSTRALIA) TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES.</p>				
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
FEB 57 - JULY 57	MEXICO CITY, MEXICO	WH		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
TEAM MEMBER OF RECORDS MANAGEMENT TEAM	GS-7			
6. DESCRIPTION OF DUTIES				
<p>MEMBER OF A TEAM OF 4 <del>WHO</del> SENT TO MEXICO TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS. THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHARGE-OUT SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S.</p>				
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
AUG 54 - NOV 56	SEARCH, KOREA & YOKOSUKA, JAPAN	FE		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
ADMIN ASSISTANT	GS-5 & GS-7			
6. DESCRIPTION OF DUTIES				
<p>NAME TRACES AND OTHER REGULAR REGISTRY DUTIES.</p>				

SECRET

- 6 -

When Filled In:

[illegible]

**SECRET**



SECRET  
(When Filled In)

1 APR

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
<p align="center"><b>Return to</b></p> <p align="center"><b>1604 Curle</b></p>		
<p><b>SECTION I</b></p> <p>1. FULL NAME (Last-First-Middle) <b>WOODS, JAMES SHUVIE</b></p> <p>2. CURRENT ADDRESS (No., Street, City, Zone, State) <b>2224 F. ST. N.W. WASH. D.C.</b></p> <p>3. PERMANENT ADDRESS (No., Street, City, Zone, State) <b>FOREST RIVER, NORTH DAKOTA</b></p> <p>4. HOME TELEPHONE NUMBER <b>4791</b></p> <p>5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE <b>U.S.A.</b></p>		
<p><b>SECTION II</b></p> <p>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</p> <p>1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <b>MR. ROSS A WOODS</b></p> <p>2. RELATIONSHIP <b>FATHER</b></p> <p>3. HOME ADDRESS (No., Street, City, Zone, State, Country) <b>FOREST RIVER, NORTH DAKOTA</b></p> <p>4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE <b>FOREST RIVER, NORTH DAKOTA</b></p> <p>5. HOME TELEPHONE NUMBER <b>4791</b></p> <p>6. BUSINESS TELEPHONE NUMBER <b>NA</b></p> <p>7. BUSINESS TELEPHONE EXTENSION <b>NA</b></p> <p>8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. <b>NA</b></p>		
<p><b>SECTION III</b></p> <p>MARITAL STATUS</p> <p>1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED</p> <p>2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS</p> <p>3. NAME (First) (Middle) ( maiden) (Last)</p> <p>4. DATE OF MARRIAGE</p> <p>5. PLACE OF MARRIAGE (City, State, Country)</p> <p>6. HIS (or HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)</p> <p>7. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. DATE OF DEATH</p> <p>9. CAUSE OF DEATH</p> <p>10. CURRENT ADDRESS (date and address, if deceased)</p> <p>11. DATE OF BIRTH</p> <p>12. PLACE OF BIRTH (City, State, Country)</p> <p>13. IF BORN OUTSIDE U.S. - DATE OF ENTRY</p> <p>14. PLACE OF ENTRY</p> <p>15. CITIZENSHIP (Country)</p> <p>16. DATE ACQUIRED</p> <p>17. WHERE ACQUIRED (City, State, Country)</p> <p>18. OCCUPATION</p> <p>19. PRESENT EMPLOYER (also give former employer, if so, or if school or university or unemployed, list two employers)</p> <p>20. EMPLOYER'S OR OLD SCHOOL ADDRESS (No., Street, City, State, Country)</p>		

SECTIONS III CONTINUED TO PAGE 2

**SECRET**  
(When Filled In)

**SECTION III CONTINUED FROM PAGE 1**

21. DATES OF MILITARY SERVICE (From and To) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

**SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS**

1	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

*NA*

**SECTION V FINANCIAL STATUS**

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☒ YES ☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

*NA*

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
UNION TRUST CO.	WASHINGTON, D.C.

SECTION V CONTINUED TO PAGE 3

**SECRET**

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(When Filled In)

## SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER OBN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)  
NA

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS  
NA

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

## SECTION VI

## CITIZENSHIP

1. PRESENT CITIZENSHIP (Country)  
U.S.A.

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
☒ BIRTH ☐ MARRIAGE ☐ OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS  
NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (File papers, etc.)  
NA

## SECTION VII

## EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input checked="" type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			
NA	NA						

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
HADLICK'S PRIVATE BUSINESS SCHOOL	ACCOUNTING	NOV-48	APR-49	9 MONTHS
GRAND FORKS, N.DAK.		OCT-49	FEB-50	

4. MILITARY TRAINING (Full Time Duty in specialized school such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
NA				

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE  
NA

SECRET

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 , When Filled In

## SECTION VIII

**FOREIGN LANGUAGE ABILITIES**

LANGUAGE	COMPETENCE - IN ORDER LISTED					HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT CONTINUOUSLY FORGOTTEN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)
(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)	R = READ   W = WRITE   S = SPEAK								
	R	W	S	R	W	S	R	W	S
	<b>CANCELLED</b>								

2. IF YOU HAVE CHECKED "ACADEMIC OR OTHER" FOR "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD.

## SECTION IX

### GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, AIRCRAFTS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
N 7						

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

NA

## SECTION X

## TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.N.)	2. SHORTHAND (W.P.N.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
30	NA	GREGG	SPEEDWRITING	STENOGRAPH	OTHER (Specify):
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Waddington, Card Punch, etc.)					
8213					

## SECTION XI

### SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

N.A.

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

NA

5. EXCLUDING EQUIPMENT NOTED IN SECTION 4, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHOTBLAST, ROLLER, MULTILITH, TURGET LADIE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

149

4. IF YOU ARE A LICENSED OR CERTIFIED HOLDER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

NA

A. FIRST LICENSE OR CERTIFICATE (Type of issue)

NA

4. LATEST LICENSE OR CERTIFICATE (Year of issue)

No.

**SECRET**

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From and To) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

APR 1952 - JUNE 1954 4 R1

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

NONE FILE CLERK

6. DESCRIPTION OF DUTIES

WORKED IN FILES DOING FILING AND OTHER RELATED DUTIES.

WORKED IN CONSOLIDATION WITH 201'S

1. INCLUSIVE DATES (From and To) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

JULY 54 - JUNE 56 5 FE/6 OVERSEAS

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

NONE

ADMAN INTELL ANALYST

6. DESCRIPTION OF DUTIES

HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, WHICH INCLUDED ALL AGENT FILES.

1. INCLUSIVE DATES (From and To) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

AUG 56 - NOV 56 7 R1 ADMAN TDY OVERSEAS

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

5

INTELL ANALYST

6. DESCRIPTION OF DUTIES

RETIREMENT OF RECORDS TO Hqs FROM BASE.

SET UP <sup>NEW</sup> SYSTEM OF RECORDS FOR BASE

1. INCLUSIVE DATES (From and To) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

DEC 56 - JAN 57 7 R1

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

NONE

INTELL ANALYST

6. DESCRIPTION OF DUTIES

WORKED IN RI/AN 201 SECTION IN FILLING OUT 831'S

1. INCLUSIVE DATES (From and To) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

FEB 57 - AUG 57 7 R1 TDY - MEXICO

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

NONE

INTELL ANALYST

6. DESCRIPTION OF DUTIES

SET UP SYSTEM OF RECORDS FOR STATION

(Use additional pages if required)

SECRET  
3

SECRET

(When Filled In)

## SECTION XIII

## CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Can't recall addresses but lived in the following places since Apr 1952 -

Comm. Ave. N.W. D.C.

Minnesota Ave. S.E. D.C.

Colonial Terrace, ~~VA~~ Arlington, VA.

Greenbrier St, Arlington, VA.

DATE COMPLETED

10 Sept 57

SIGNATURE OF EMPLOYEE

James S. Woods

SECRET

**SECRET**  
(When Filled In)

(1-6)		<b>LANGUAGE DATA RECORD</b>		
<b>PART I-GENERAL</b>				
1. NAME (Last-First-Middle)		2. DATE OF BIRTH		
(17-24)		(25-30)		
Woods, James S		MONTH Feb	DAY 20	YEAR 1928
3. LANGUAGE	4. TODAY'S DATE		5.	
(31-33)	(34-39)		(40-41)	
oad	MONTH 9	DAY 9	YEAR 57	<input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
<b>PART II-LANGUAGE ELEMENTS</b>				
<b>SECTION A. Reading (40)</b>				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
<b>SECTION B. Writing (41)</b>				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
<b>SECTION C. Pronunciation (42)</b>				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

## CONTINUATION OF PART II-LANGUAGE ELEMENTS

## SECTION D.

## Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

## SECTION E.

## Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

## PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

## PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-112, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT INDEPENDENT OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 Sept 57

SIGNATURE

James S. Stoddard

(46)

(47)



## APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in ink. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an OPEN WRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.		ANNOUNCEMENT	
1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR <b>Accountant</b>		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
2. OPTION: (if mentioned in examination announcement)		<input type="checkbox"/> AFFOR. <input type="checkbox"/> MATERIAL <input type="checkbox"/> ENTERED REGISTER. <input type="checkbox"/> WITH AFFOR. <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED	
3. PLACE OF BIRTH (City and State)		4. DATE OF THIS APPLICATION	
Washington D.C.			
5. MR. MRS. MISS. <b>James Sauvie Woods</b>		INITIALS AND DATE	
6. (A) STREET AND NUMBER OR R. D. NUMBER <b>2817 Conn. Ave., N.W.</b>		APP. REVIEW	
(B) CITY OR POST OFFICE (including postal zone) AND STATE <b>Washington 8, D.C.</b>		APPROVED:	
7. LEGAL OR VOTING RESIDENCE (State)		OPTION	
N. Dak.		GRADE	
8. DATE OF BIRTH (month, day, year) <b>Feb. 20, 1928</b>		EARNED RATING	
9. (A) OFFICE PHONE <b>ex 6400</b>		PREFER. ENCE	
(B) HOME PHONE <b>at 2612 AD 8430</b>		1. POINTS (TENT.)	
10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		2. POINTS	
11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) <b>Forest River, N. Dak.</b>		3. WIFE OR WIDOW	
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. DISAB.	
13. (A) HEIGHT WITHOUT SHOES. <b>5 FEET 6 INCHES</b>		5. BEING INVESTIGATED	
(B) WEIGHT. <b>156 POUNDS</b>		AUGM. RATING	
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INITIALS AND DATE	
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE <b>GS-2</b>			
15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <b>\$ 2950 PER YEAR</b>		(C) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:	
You will not be considered for any position with a lower entrance salary.		<input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES	
16. CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR		<input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES	
<input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS		(D) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.	
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.			
17. IF YOU ARE WILLING TO TRAVEL, SPECIFY			
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
18. EXPLAIN: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.			
(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.			
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."			
19. PRESENT POSITION			
DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR PRESENT POSITION	
FROM <b>May, 1950</b> TO PRESENT TIME		<b>clerk</b>	
PLACE OF EMPLOYMENT (city and State)		CLASSIFICATION GRADE (if in Federal Service)	
<b>Washington D.C.</b>		<b>GS-2</b>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		SALARY OR EARNINGS	
<b>Treasury Dept., Penn. Ave.</b>		STARTING: <b>\$ 2450</b> PER YEAR	
NUMBER AND KIND OF EMPLOYERS SUPERVISED BY YOU		PRESENT: <b>\$ 2850</b> PER YEAR	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
<b>Mrs. Gervias</b>		<b>Better Position</b>	
REASON FOR DESIRING TO CHANGE EMPLOYMENT			
SUMMARY OF YOUR WORK			
Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.			

(CONTINUED ON NEXT PAGE)

16-53546-1

18 CONTINUED		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$	
② DATES OF EMPLOYMENT (month, year) FROM Feb. 1950 to May, 1950		Clerk & Salesman			180	
PLACE OF EMPLOYMENT (city and State) Grand Forks, N. Dak.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. or Mrs. Pat M. Byrne				
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) General Tobacco & Candy Company Grand Forks, N. Dak.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Wholesaler of Tobacco & Candy				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING To work for the Government				
DESCRIPTION OF YOUR WORK Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets.						
③ DATES OF EMPLOYMENT (month, year) FROM Oct. 1949 to Feb. 1950		In school				
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR				
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING				
DESCRIPTION OF YOUR WORK						
④ DATES OF EMPLOYMENT (month, year) FROM April, 1949 to Oct. 1949		Farm Laborer			150	
PLACE OF EMPLOYMENT (city and State) Inkster, N. Dak.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Zeck Thomas				
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Zeck Thomas Inkster, N. Dak.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Farming				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none		REASON FOR LEAVING To go to school				
DESCRIPTION OF YOUR WORK Doing general farm duties.						



14. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).		
FULL NAME	PRESENT BUSINESS OR OCCUPATION ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Robert Hadlich	Box 659, Grand Forks, N. Dak.	Teacher
2. Calmer Hovland	521 Maple Ave. Grand Forks N. Dak.	Teacher
3. Merland W Berg	618 Cottonwood St., Grand Forks N. Dak.	Teacher

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? <i>If your answer is "Yes," show in Item 36 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b> A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES? <i>If your answer to question 37, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</i>		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DEPRIVE PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: <u>Oct. 1946</u> DATE OF SEPARATION OR SEPARATIONS: <u>April 1948</u> BRANCH OF SERVICE: <u>Army</u> GRADE OR RATING AT TIME OF SEPARATION: <u>ER 17 214 704</u> <i>(If you are a member of the Army, Navy, Marine Corps, Coast Guard, etc.)</i>		
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO FORFEIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED). <i>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DO YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? (B) ARE YOU A DISABLED VETERAN? <i>If so, and you have not listed your disability in answer to Item 37, explain in Item 39 below.</i> (C) ARE YOU A VETERAN'S WIDOW (WIFE) HAS NOT REMARRIED? (D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED PNEUMONIA OR OTHER ACTIVE DISEASE WHICH RESULTS IN A SERVICE CONNECTION?		
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b> The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____ 19_____. Date: _____ Signature: _____		
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING A POSITION OR ACCEPTING OTHER EMPLOYMENT? <i>If your answer is "Yes," give dates of and reasons for each disbarment in Item 39.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO DUTY? <i>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
34. (A) DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give complete details in Item 39.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

If there is a space for a signature, please sign your name in each space. Write in each space your name, address, date of birth, and your birth date. Attach to each space a photograph of you.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U.S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: Jarvis S. Starks

(Sign your name in each space. Write in each space your name, address, date of birth, and your birth date. Attach to each space a photograph of you.)

## PERSONAL HISTORY STATEMENT

1008

Answer all questions completely. If question is not verifiable with you, write unknown - only if you do not know the answer and cannot obtain the answer from anyone. (Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient space.)

Type name in words completely. English or Romanized names will not receive special credit.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS ON THE BACK OF THIS FORM?

## PERSONAL BACKGROUND

NAME (Last, First, Middle Initial) \_\_\_\_\_

DATE OF BIRTH (Month, Day, Year) \_\_\_\_\_

PLACE OF BIRTH (City, State, Country) \_\_\_\_\_

EDUCATION (School, Degree, Year) \_\_\_\_\_

EMPLOYMENT (Employer, Position, Dates) \_\_\_\_\_

RESIDENCE (Address, City, State, Country) \_\_\_\_\_

RELIGION (Religion, Denomination) \_\_\_\_\_

POLITICAL AFFILIATION (Party, Organization) \_\_\_\_\_

OTHER INFORMATION (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Month, Day, Year) \_\_\_\_\_

PLACE (Place, City, State, Country) \_\_\_\_\_

OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Month, Day, Year) \_\_\_\_\_

PLACE (Place, City, State, Country) \_\_\_\_\_

OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Month, Day, Year) \_\_\_\_\_

PLACE (Place, City, State, Country) \_\_\_\_\_

OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

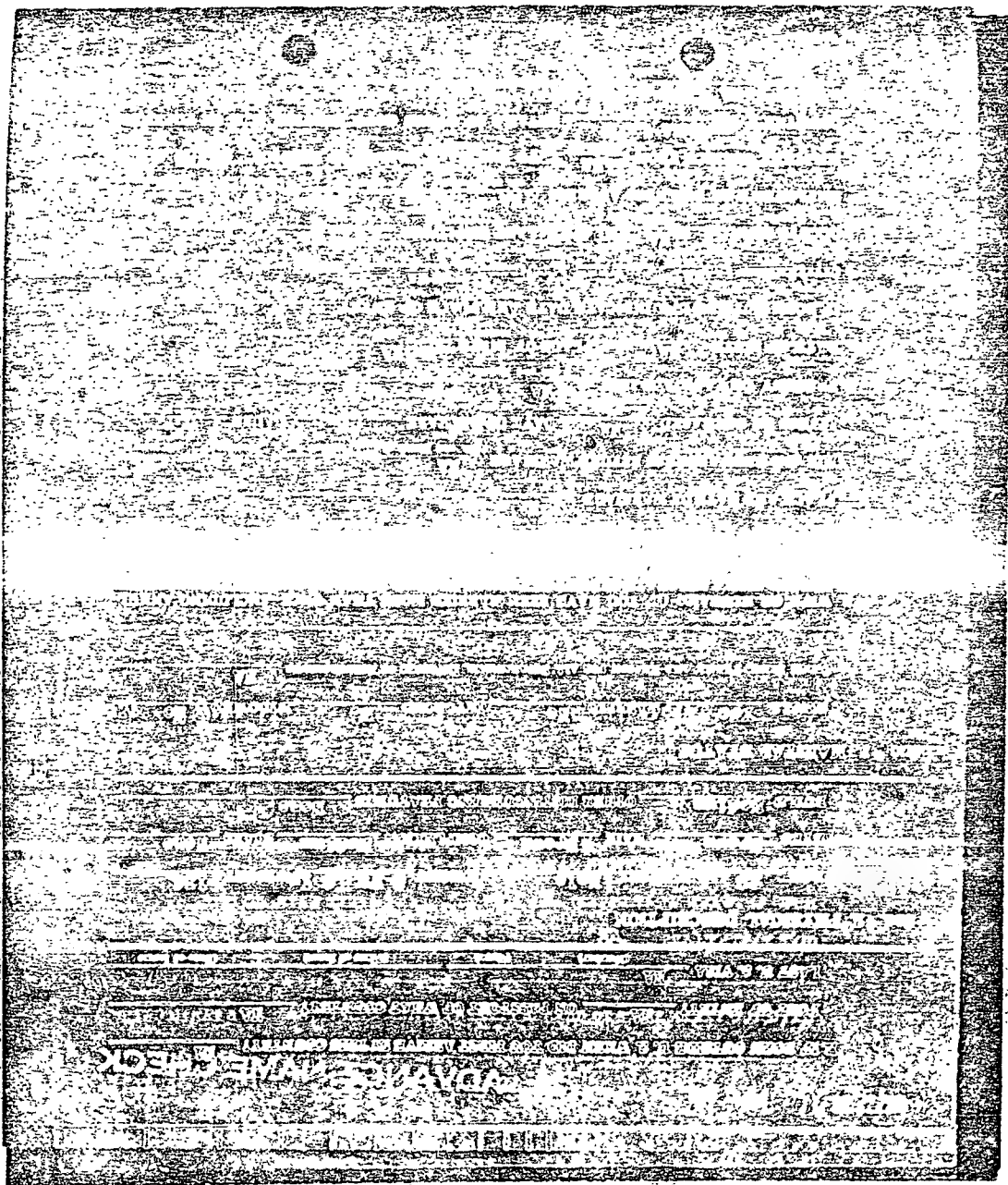
SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Month, Day, Year) \_\_\_\_\_

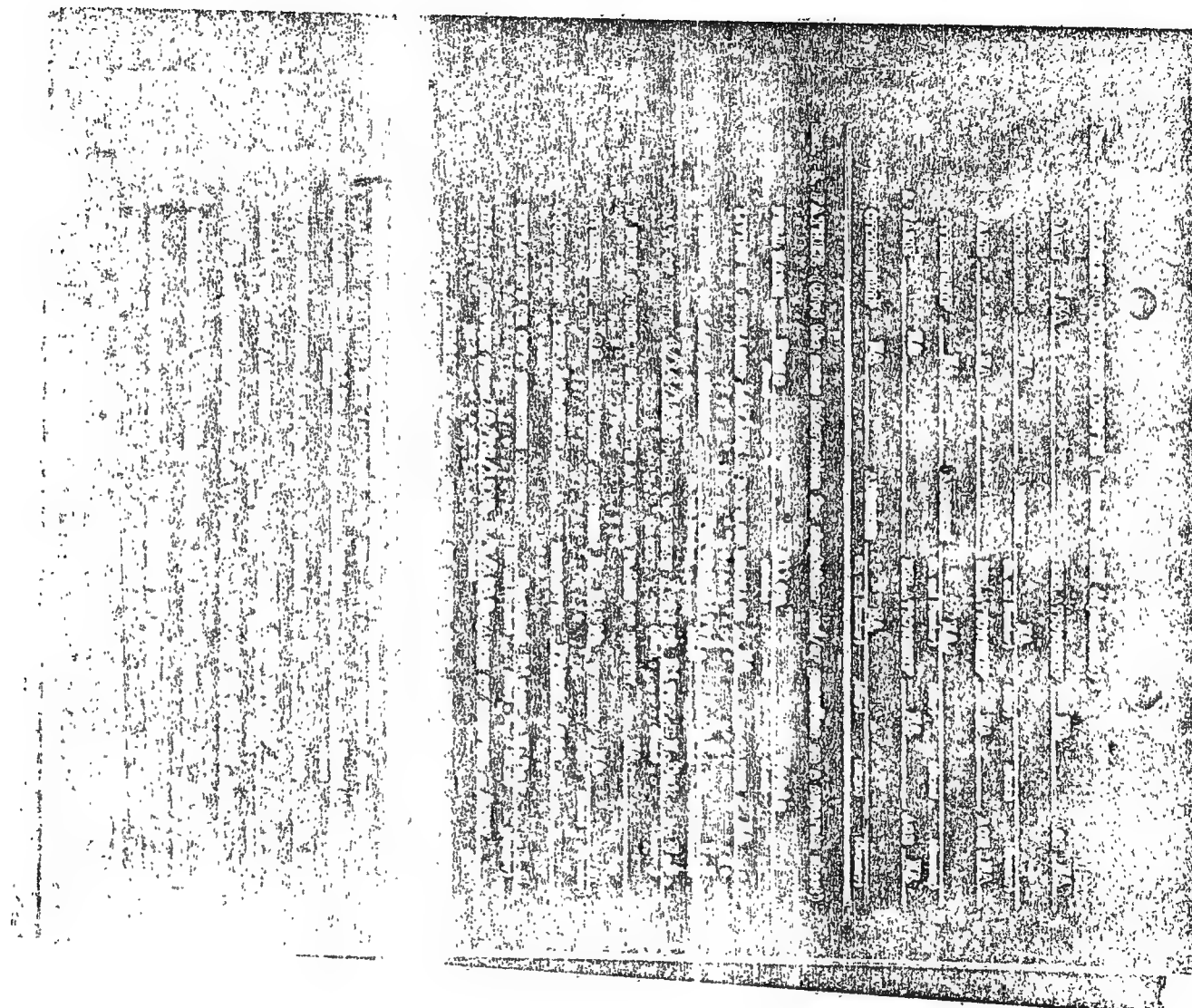
PLACE (Place, City, State, Country) \_\_\_\_\_

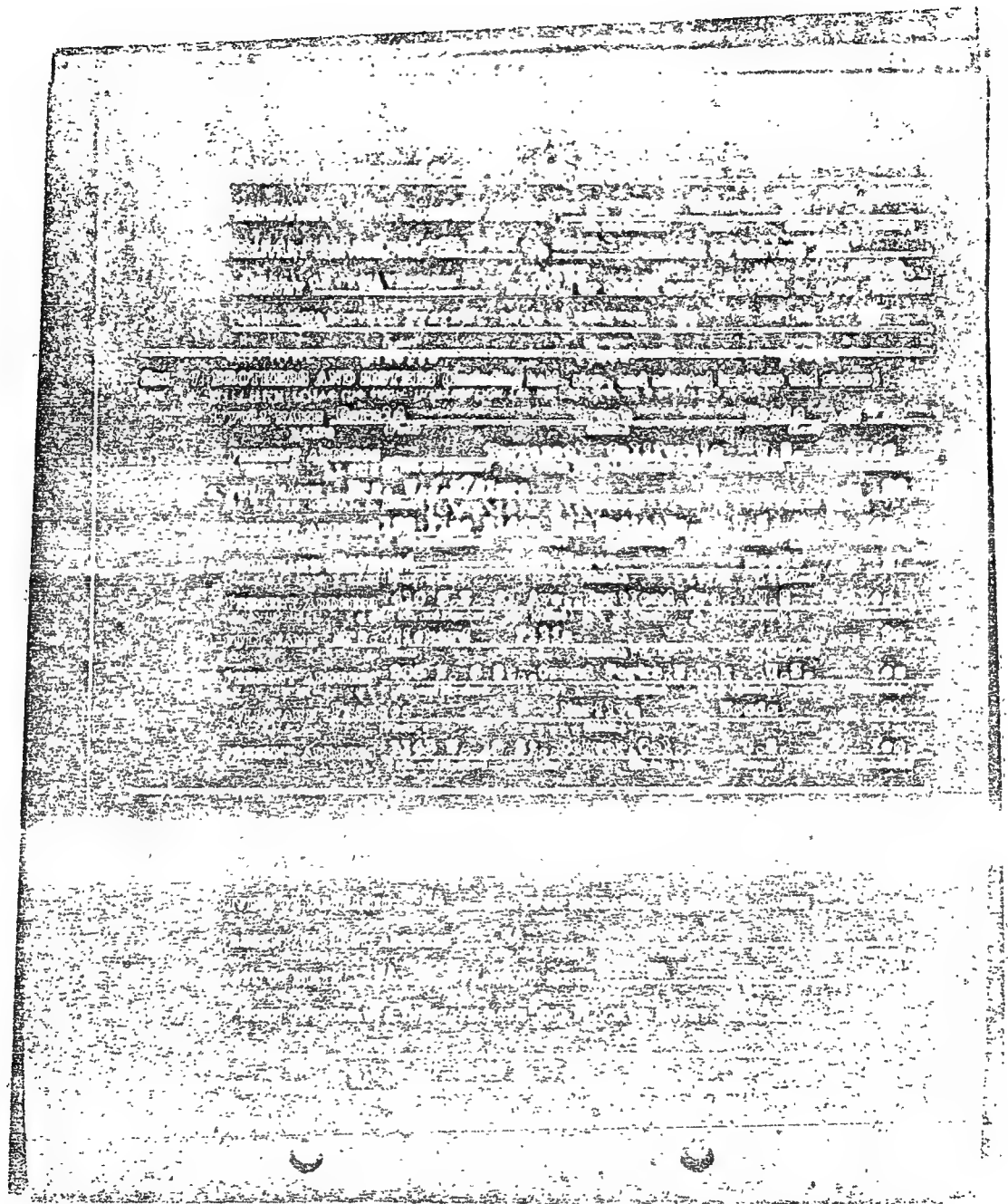
OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_



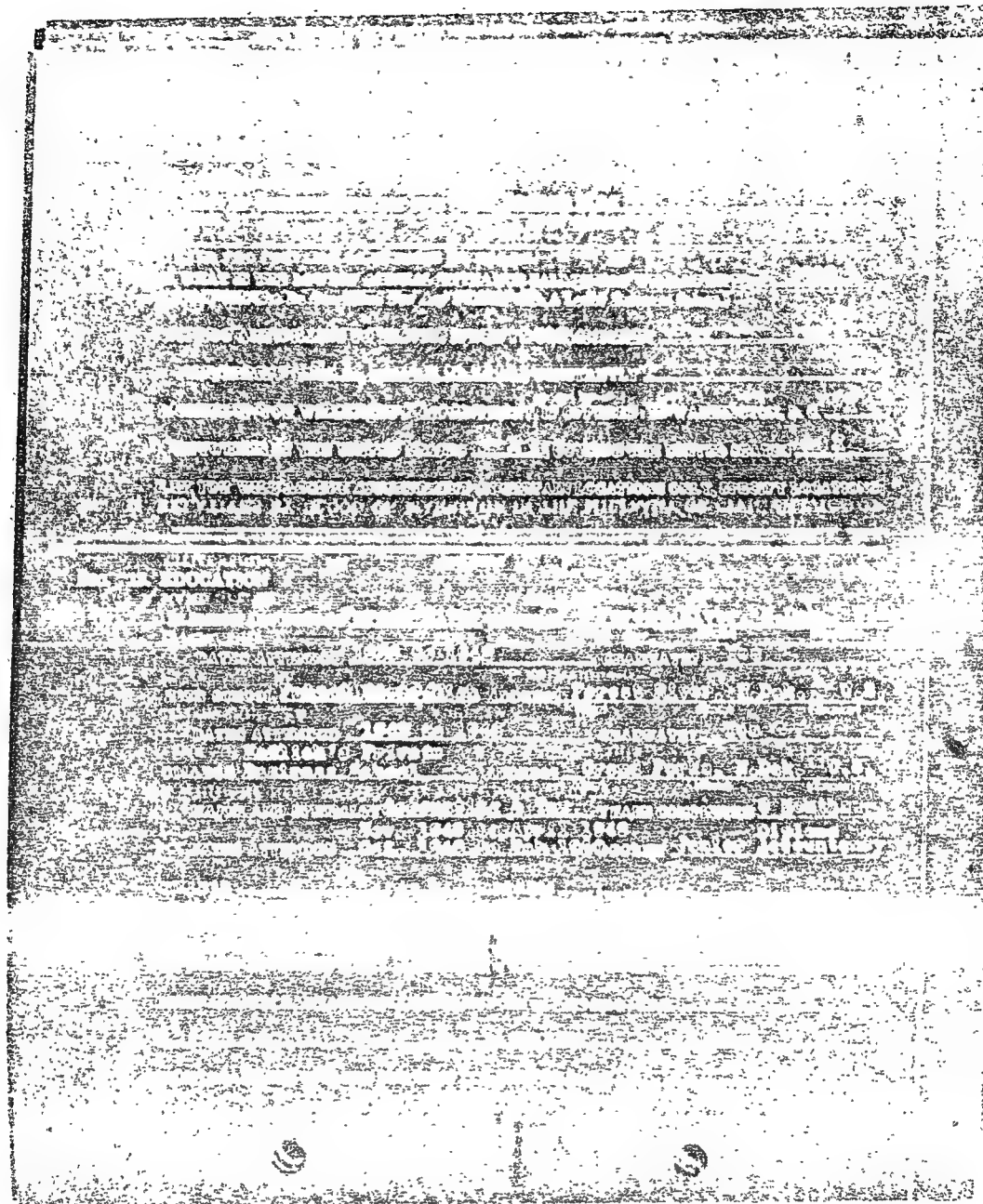




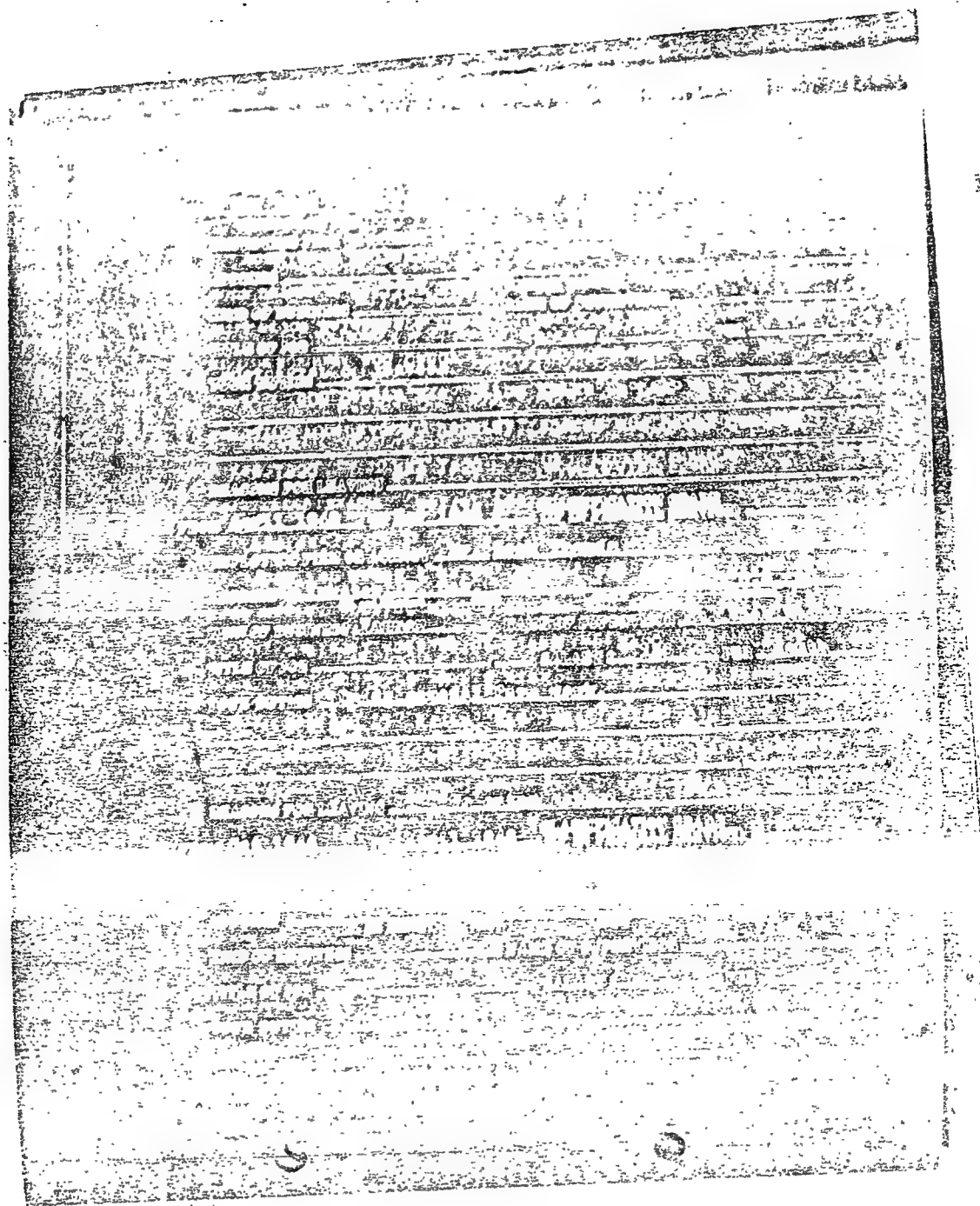








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**THE UNIVERSITY OF CHICAGO**

### GENERAL QUALIFICATIONS

A FOREIGN LANGUAGE HEART PROGRAM OF THE UNIVERSITY OF MICHIGAN

LANGUAGE	DATE	READ	WRITE
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1966

THE UNIVERSITY OF CHICAGO

\_\_\_\_\_

100-443887-100

100

7-10-81

100-443887-100

Figure 1. The proposed model of the relationship between the variables. The model shows a path from 'Perceived organizational support' to 'Organizational commitment' (coefficient 0.40, p < 0.001), and from 'Organizational commitment' to 'Organizational citizenship behavior' (coefficient 0.25, p < 0.001). A control variable 'Age' is shown with a coefficient of 0.01 (p < 0.001) for the path to 'Organizational citizenship behavior'.

10. The following table shows the number of people who have been convicted of a crime in the United States since 1970, by race and sex. The data are from the U.S. Department of Justice, Bureau of the Census, and the U.S. Department of Education, Office of Education Statistics.

...and the fact that the *Journal* is a journal of the American Psychological Association, the largest and most influential organization in the field of psychology, adds to the impact of the *Journal* on the field of psychology.

1.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

*Journal of Management Studies*, 36(7), 809–826.

*Journal of Management Studies*, 19(1), 67-80.

[illegible]

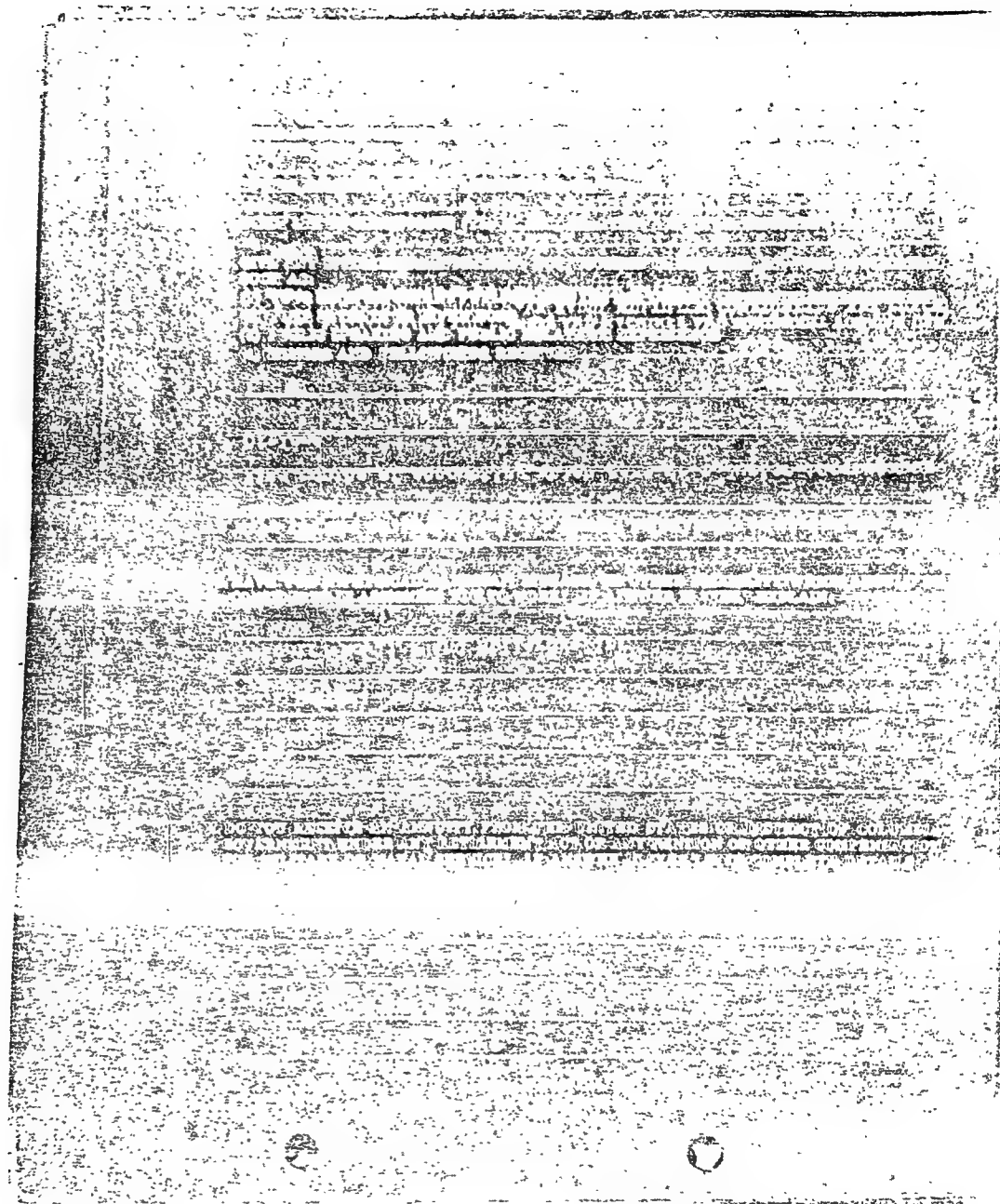
$\frac{d}{dt} \left( \frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

... ..

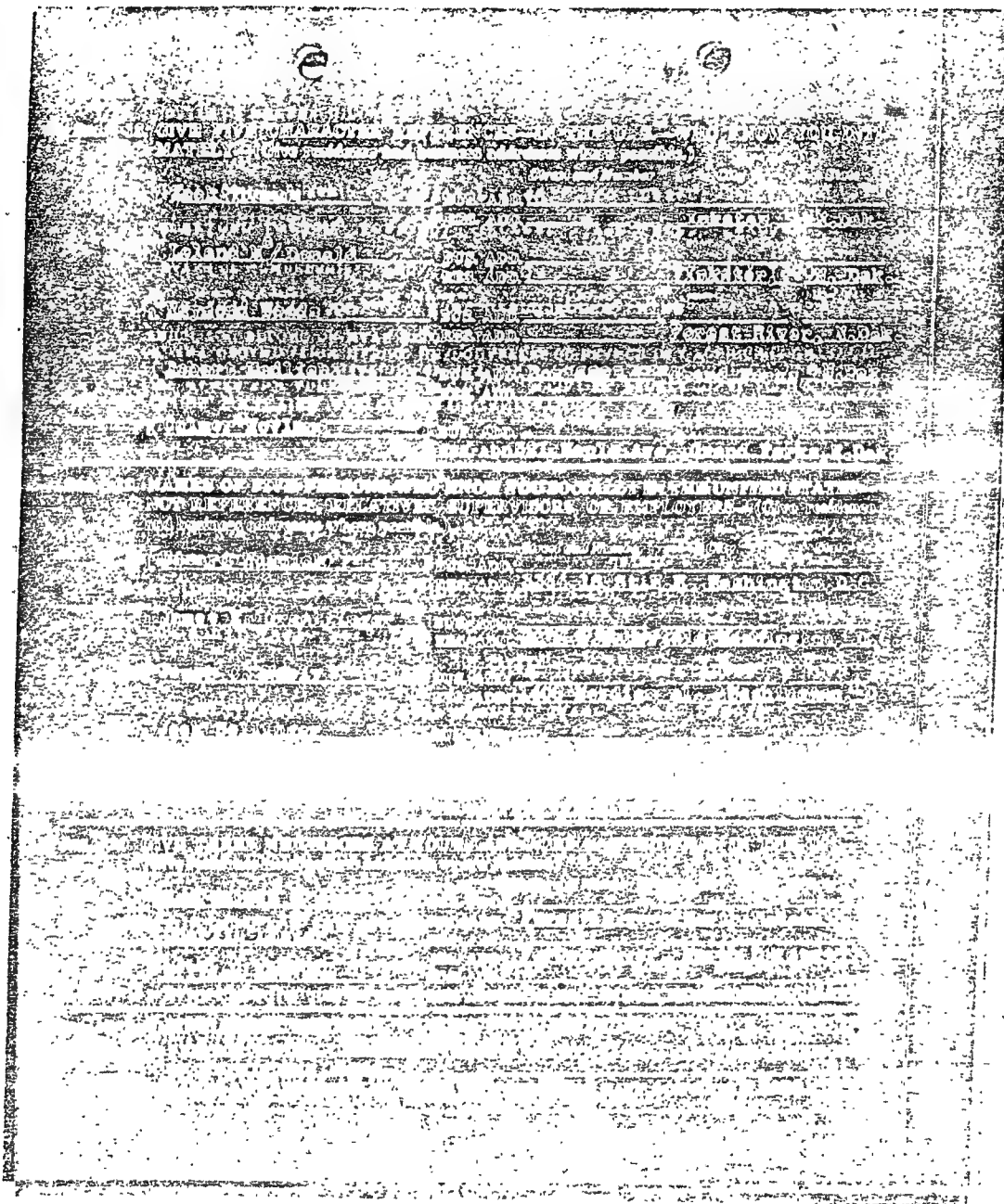
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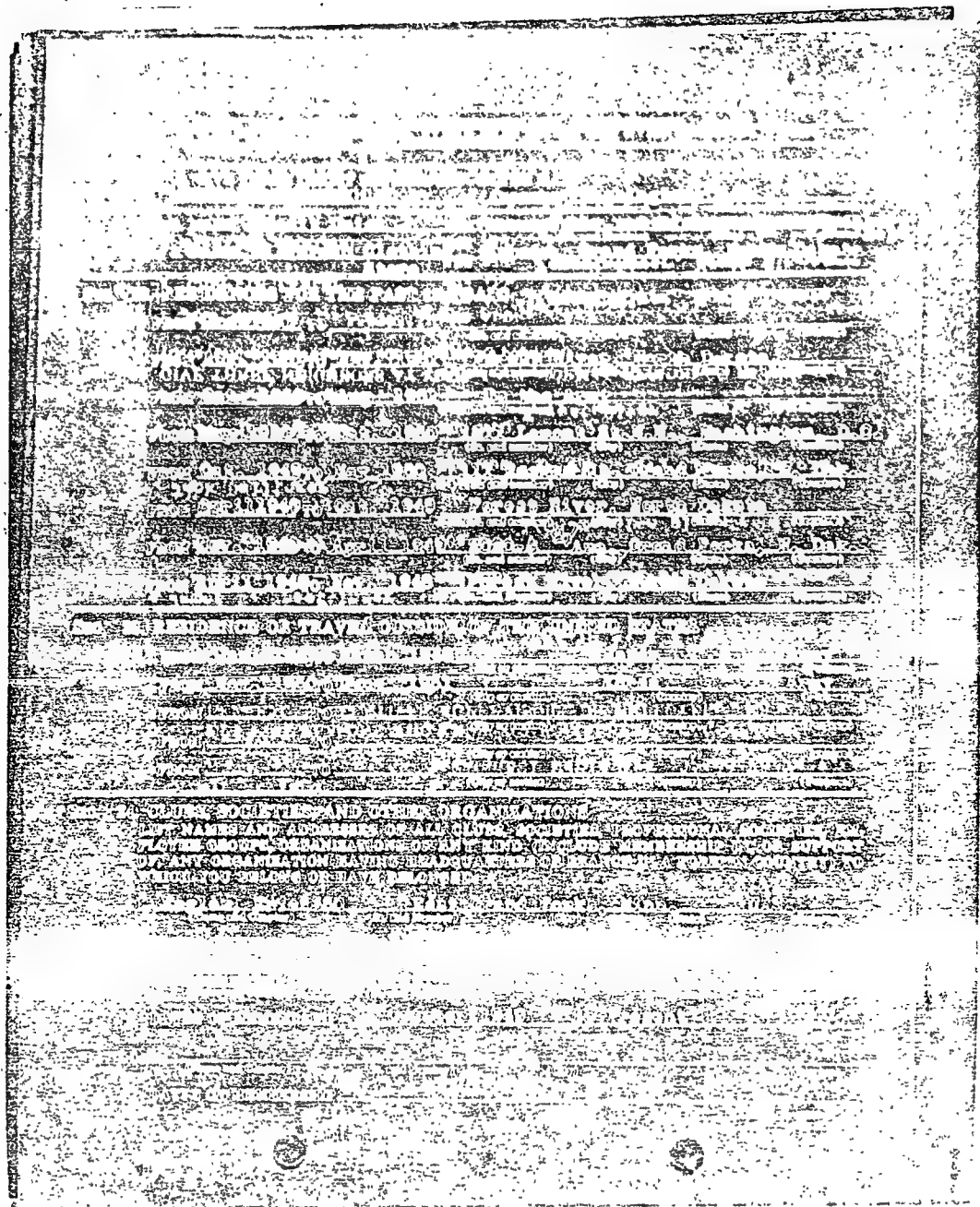
*Journal of Management Education* 30(6)p. 789-804  
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<http://www.sagepub.com/journalsPermissions.nav>

\_\_\_\_\_













1. NAME OF THE PARTY OR PARTIES: \_\_\_\_\_

2. ADDRESS OF THE PARTY OR PARTIES: \_\_\_\_\_

3. CITY AND STATE: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_

5. SEX: \_\_\_\_\_

6. RACE: \_\_\_\_\_

7. OCCUPATION: \_\_\_\_\_

8. EDUCATION: \_\_\_\_\_

9. MARITAL STATUS: \_\_\_\_\_

10. NUMBER OF CHILDREN: \_\_\_\_\_

11. DATE OF DEATH: \_\_\_\_\_

12. CAUSE OF DEATH: \_\_\_\_\_

13. PLACE OF DEATH: \_\_\_\_\_

14. DATE OF BURIAL: \_\_\_\_\_

15. PLACE OF BURIAL: \_\_\_\_\_

16. NAME OF THE FUNERAL HOME: \_\_\_\_\_

17. ADDRESS OF THE FUNERAL HOME: \_\_\_\_\_

18. CITY AND STATE OF THE FUNERAL HOME: \_\_\_\_\_

19. DATE OF INTERVIEW: \_\_\_\_\_

20. NAME OF THE INTERVIEWER: \_\_\_\_\_

21. SIGNATURE OF THE INTERVIEWER: \_\_\_\_\_

22. SIGNATURE OF THE PARTY OR PARTIES: \_\_\_\_\_

23. DATE OF SIGNATURE: \_\_\_\_\_

24. NAME OF THE WITNESS: \_\_\_\_\_

25. ADDRESS OF THE WITNESS: \_\_\_\_\_

26. CITY AND STATE OF THE WITNESS: \_\_\_\_\_

27. DATE OF SIGNATURE: \_\_\_\_\_

28. SIGNATURE OF THE WITNESS: \_\_\_\_\_

29. NAME OF THE NOTARY PUBLIC: \_\_\_\_\_

30. ADDRESS OF THE NOTARY PUBLIC: \_\_\_\_\_

31. CITY AND STATE OF THE NOTARY PUBLIC: \_\_\_\_\_

32. DATE OF SIGNATURE: \_\_\_\_\_

33. SIGNATURE OF THE NOTARY PUBLIC: \_\_\_\_\_

34. NAME OF THE PARTY OR PARTIES: \_\_\_\_\_

35. ADDRESS OF THE PARTY OR PARTIES: \_\_\_\_\_

36. CITY AND STATE: \_\_\_\_\_

37. DATE OF BIRTH: \_\_\_\_\_

38. SEX: \_\_\_\_\_

39. RACE: \_\_\_\_\_

40. OCCUPATION: \_\_\_\_\_

41. EDUCATION: \_\_\_\_\_

42. MARITAL STATUS: \_\_\_\_\_

43. NUMBER OF CHILDREN: \_\_\_\_\_

44. DATE OF DEATH: \_\_\_\_\_

45. CAUSE OF DEATH: \_\_\_\_\_

46. PLACE OF DEATH: \_\_\_\_\_

47. DATE OF BURIAL: \_\_\_\_\_

48. PLACE OF BURIAL: \_\_\_\_\_

49. NAME OF THE FUNERAL HOME: \_\_\_\_\_

50. ADDRESS OF THE FUNERAL HOME: \_\_\_\_\_

51. CITY AND STATE OF THE FUNERAL HOME: \_\_\_\_\_

52. DATE OF INTERVIEW: \_\_\_\_\_

53. NAME OF THE INTERVIEWER: \_\_\_\_\_

54. SIGNATURE OF THE INTERVIEWER: \_\_\_\_\_

55. SIGNATURE OF THE PARTY OR PARTIES: \_\_\_\_\_

56. DATE OF SIGNATURE: \_\_\_\_\_

57. NAME OF THE WITNESS: \_\_\_\_\_

58. ADDRESS OF THE WITNESS: \_\_\_\_\_

59. CITY AND STATE OF THE WITNESS: \_\_\_\_\_

60. DATE OF SIGNATURE: \_\_\_\_\_

61. SIGNATURE OF THE WITNESS: \_\_\_\_\_

62. NAME OF THE NOTARY PUBLIC: \_\_\_\_\_

63. ADDRESS OF THE NOTARY PUBLIC: \_\_\_\_\_

64. CITY AND STATE OF THE NOTARY PUBLIC: \_\_\_\_\_

65. DATE OF SIGNATURE: \_\_\_\_\_

66. SIGNATURE OF THE NOTARY PUBLIC: \_\_\_\_\_

2. attended a public school, Baltimore from the first grade to the fifth at which time he entered the Annapolis school. The address of this school is Annapolis, Md. Pa. and was later transferred to the River school in 1893.

From June 1945 to October 1946, I worked on Beck's  
Thomas farm located at Inkster, E. Dakota.

SECRET

UNITED STATES

Map showing the United States with state boundaries and major cities. The map includes a scale bar at the bottom left, indicating distances in miles and kilometers.

\_\_\_\_\_

# Aaker's School of Business

Grand Forks, North Dakota

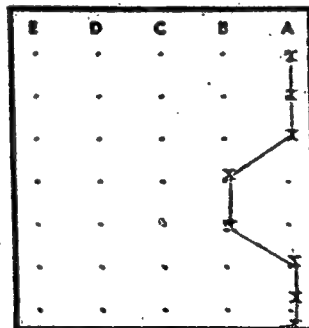
## REPORT OF PROGRESS

NAME WOODS, James S. ADDRESS Forest River, N. Dak. COURSE OF STUDY Accountancy DATE December 14, 1951

### SCHOLASTIC ACHIEVEMENT

#### SUBJECTS COMPLETED:

Elementary Accounting  
Advanced Accounting  
Income Tax  
Cost Accounting (Elem.)  
Typewriting  
Spelling  
Business Mathematics  
Business Law  
Penmanship  
Salesmanship  
Business English  
Office Machines



#### KEY

A Superior  
 B Above Average  
 C Average  
 D Fair  
 E Slow

#### COMPLETED SUBJECTS

### PERSONAL CHARACTERISTICS

#### INITIATIVE

#### QUALITY OF WORK

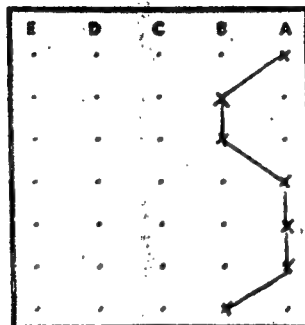
#### QUANTITY OF WORK

#### ENTHUSIASM

#### PUNCTUALITY

#### COOPERATION

#### ADAPTABILITY



	E	D	C	B	A
Needs Supervision		Routine Worker	Fairly Progressive	Resourceful	Marked Ability
Careless		Inaccurate	Possible	Good Quality	Highest Quality
Very Low Output		Low Output	Average Output	High Output	Very High Output
Indifferent		Occasionally Enthusiastic	Average	Determined	Confident
Undependable		Improvement Needed	Occasionally Absent or Late	Seldom Late	Always Punctual
Reluctant		Passive	Usually Agreeable	Co-operative	Co-operative
Limited		Slow	Average	With Ease	Exceptional

Manager

*James S. Woods*

Please keep this report for future comparison

CONFIDENTIAL  
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division

Your Reference: N-3007A

FROM: Chief, Security Division

Case Number: 61115

SUBJECT: WOODS, James Earle

1. This is to advise you of security action in the subject case as indicated below:

☒ Security approval is granted the subject person for access to classified information.

☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.

☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the ECD procedures.

C. V. Bradley  
C. W. HICKLEY

*not. H. Clements  
1/2: will call back:  
Don Spink called 1/2:  
ok*

CONFIDENTIAL

*but to & Kelly me*

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 29 Feb. 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT: WOODS, James Savile 61415 Request No. H-2007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., Washington, D. C.
2. This is to advise you of the following security action:

a. ☐ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☒ Name checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Advise per S. Linder  
5 min.*

*C. V. [Signature]*  
C. V. [Signature]

CONFIDENTIAL

CONFIDENTIAL  
SECURITY  
INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT: WOODS, James Savile #61415 Request No. H-3007

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool.

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

FILE SENT  
TO D B I  
JAN 26 1952  
C. V. BRADLEY

CONFIDENTIAL

OAF OF TERMINATED FILE BEING MICROFILMED